|  |
| --- |
| **Emergency Medical Information** |
| **ATTENTION** |
| **In an emergency when I am unable to communicate or am unconscious, please use the information on this card to provide appropriate care.** |
| ***Personal Identification:***  |
| Name: |  |
| Address: |  |
|  |  |
| Phone:  |  |
|  |  |
| ***Notify in an Emergency:***  |
| Name:  |  |
| Address: |  |
|  |  |
| Phone:  |  |
| Name: |  |
| Address: |  |
|  |  |
| Phone |  |
| **My Doctor:**  |  |
| Address: |  |
|  |  |
| Phone: |  |
| Religion:  |  |

|  |
| --- |
| **Medical Information Date:**  |
| Present Medical Conditions: |  |
|  |  |
|  |  |
| Medications Taken Regularly: |  |
|  |  |
|  |  |
| Dangerous Allergies: |  |
|  |  |
|  |  |
| Other Important Information: |  |
|  |  |
|  |  |
| Blood Type: |  |
|  |  |
| **Emergency Resources** |
| In-country Universal Emergency *(e.g., 911, 999, 112)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Trip Leader Contact Name, Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  Trip Leader Contact E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   Home Base Contact Name, Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Medical Insurance/Evacuation Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*¡To be completed and carried on your person during field trip (will fit in passport when cut and folded in half)!*

|  |
| --- |
| **Emergency Medical Information** |
| **ATTENTION** |
| **In an emergency when I am unable to communicate or am unconscious, please use the information on this card to provide appropriate care.** |
| ***Personal Identification:***  |
| Name: |  |
| Address: |  |
|  |  |
| Phone: |  |
|  |  |
| ***Notify in an Emergency:***  |
| Name:  |  |
| Address: |  |
|  |  |
| Phone:  |  |
| Name: |  |
| Address: |  |
|  |  |
| Phone |  |
| **My Doctor:**  |  |
| Address: |  |
|  |  |
| Phone: |  |
| Religion:  |  |

|  |
| --- |
| **Medical Information Date:**  |
| Present Medical Conditions: |  |
|  |  |
|  |  |
| Medications Taken Regularly: |  |
|  |  |
|  |  |
| Dangerous Allergies: |  |
|  |  |
|  |  |
| Other Important Information: |  |
|  |  |
|  |  |
| Blood Type: |  |
|  |  |
| **Emergency Resources** |
| In-country Universal Emergency *(e.g., 911, 999, 112)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Trip Leader Contact Name, Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  Trip Leader Contact E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   Home Base Contact Name, Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Medical Insurance/Evacuation Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |