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| **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)!*

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |