



Participants Personal Information (Adult)

The following is requested in case of emergency

This information will only shared with medical personnel if/when needed.

Remember...if you are unconscious; your life may depend on your answers!

Participants Name
(please print clearly) _____ Age: _____

Person (not with you) to contact in case of emergency: _____

Relationship: _____ Phone: _____

Vehicle; Make/Model: _____ Plate #: _____ State: _____

Your Blood Type: _____ Medical Allergies: _____

Are you taking any medication? ____ Detail: _____

Is there medication that you need with you? ____ Detail: _____

Is this medication with you? ____ Where do you keep it? _____

Are you wearing contact lenses? No / Yes Dentures or Dental Bridges? No / Yes

Medical/Physical Conditions that we should be aware of : _____

Special Conditions / Instructions (pets/baby sitters) that we should be aware of: _____

Participants
Signature: _____ Today's
Date: ____/____/____

Additional Comments: