



## Hampshire Bird Club, Inc. Medical Information Form

By completing this form, you are helping trip leaders and/or medical personnel to provide the best possible care, in the event that you are sick or injured. It is confidential and will be known only to the trip leader/s, and medical personnel if necessary. Please provide the information requested, or decline via the statement at the bottom. One form for each individual participant.

Name \_\_\_\_\_

### Contacts in Case of Emergency

Primary Contact (name) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (h) (\_\_\_\_\_) \_\_\_\_\_, (w) (\_\_\_\_\_) \_\_\_\_\_

Alternative Contact (name) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (h) (\_\_\_\_\_) \_\_\_\_\_, (w) (\_\_\_\_\_) \_\_\_\_\_

### Allergies

Do you have any severe allergies (medications, foods, insect bites, plants etc.)?  
If so, please list these allergies here.

Do you carry an "Epi-pen" or other emergency allergy medication? \_\_\_\_\_

### Medical Conditions

Please describe any significant medical conditions you think we should know about, such as severe asthma, diabetes or heart condition. Please indicate how you manage the condition/s and risk factors to avoid. (Use the back of the form if necessary)

Signature \_\_\_\_\_ Date \_\_\_\_\_

*I choose not to provide some or all of the information requested on this form.*

Signature \_\_\_\_\_ Date \_\_\_\_\_