

MEDICAL EMERGENCY CONTACT INFORMATION FORM

To best ensure the safety of members, OLLI at LSU requests that each field trip participant complete this form and give it to the trip coordinator before the trip begins. The form should be placed in a sealed envelope with the member's name on the outside of the envelope. It will only be opened in the event of a medical emergency and given directly to emergency personnel. The sealed envelope will be returned to the member by the trip coordinator at the conclusion of the trip.

PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____

DOCTOR: _____ PHONE: _____

DRUG ALLERGIES: _____

CURRENT MEDICATIONS: _____

PACEMAKER:? _____ CONTACT LENSES? _____ EYE IMPLANTS? _____

OTHER SIGNIFICANT INFORMATION: _____

I hereby certify that the above information has been provided by me and may be used by medical personnel for my treatment in the event of an emergency.

SIGNED: _____ DATE: _____

