

**CONFIDENTIAL MEDICAL INFORMATION FORM**

**BADGE #**

LEGAL NAME	SCA NAME
CAMPING WITH ADDRESS	ON-SITE EMERGENCY CONTACT CAMPING WITH
	OFF-SITE EMERGENCY CONTACT RELATIONSHIP ADDRESS
PHONE ( )	
M <input type="checkbox"/> F <input type="checkbox"/> D.O.B (DD/MM/YY) / /	PHONE ( )

*Please note that this information will be stored by badge # and will be completely confidential. The information provided in this form will only be released to mundane medical authorities, should you be incapable of providing information yourself.*

**GENERAL MEDICAL INFORMATION (PLEASE PRINT)**

Do you have (please check any/all that apply):

<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Migraines	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Heart Problems (please specify below)	<input type="checkbox"/> Asthma/Emphysema/Other Respiratory (please specify below)	<input type="checkbox"/> Other Eye Conditions/Disorders (please specify below)
<input type="checkbox"/> Pregnancy (please specify due date)	<input type="checkbox"/> Mental Health Disorder (please specify)	<input type="checkbox"/> Anemia or other bleeding disorder
<input type="checkbox"/> Thyroid problems	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Any Communicable Disease (please specify)
<input type="checkbox"/> Diabetes (with/without insulin)	<input type="checkbox"/> Contact Lenses	

Other (If you have a condition not already specified, and feel it might need to be, please specify below):

Are you currently taking any medication?  Y  N

If yes, please list all medications (prescription and non-prescription you are currently taking and what you are taking it for):

Are you aware of any side effects to your current medication that can be caused by alcohol, aspirin, other medications, etc?

Have you had any surgery recently (6 - 12 months)? If so, what and when?

Do you have a MedicAlert ID? What is it for?

**Small Print/Legalese:**

*Completion of this form is voluntary. The Society for Creative Anachronism Inc. (SCA), and/or Cooper's Lake Campground assume no legal liability for the information contained herein, once the form has been completed. By completion of this form, you agree to have the information contained herein released to medical authorities in case of a medical emergency.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature