

# University of New England Medical Information Form

## PARTICIPANT INFORMATION

NAME \_\_\_\_\_ UNE ID (PRN) \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

### PERSON TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ EVENING PHONE NUMBER \_\_\_\_\_

### MEDICAL INFORMATION AND HISTORY

PRIMARY CARE PHYSICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

LIST ANY MEDICATIONS TO WHICH YOU ARE ALLERGIC: \_\_\_\_\_

LIST ANY OTHER ALLERGIES (FOOD, PLANTS, INSECTS, ETC.) \_\_\_\_\_

NATURE OF REACTIONS \_\_\_\_\_

IF YOU CARRY AN EPI-PEN, DO YOU HAVE ONE WITH YOU NOW? YES NO

LIST ANY ILLNESSES OR CONDITIONS FOR WHICH YOU ARE NOW UNDER TREATMENT OR OF WHICH WE SHOULD BE MADE AWARE:

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WHAT MEDICATIONS, IF ANY, DO YOU CARRY AND FOR WHAT CONDITION?

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PLEASE INFORM TRIP LEADERS OF THE LOCATION OF ANY MEDICATIONS OR EPI-PENS WHILE ON THIS TRIP IN CASE OF EMERGENCY.

I hereby authorize the release of this information to the appropriate medical personnel or in the event of a wilderness trip, to the appropriately trained University staff or student trip guides.

Signature: \_\_\_\_\_

I hereby give permission to treat me to the appropriately trained University staff or student trip guides in the event that wilderness situations warrant such treatment.

Signature: \_\_\_\_\_

