

# The Emergency Medical Information Sheet

*Provided by David. S. R. Clark, of Elizabeth Stewart Clark & Company*

Normal illnesses and conditions that are easily managed at home can be life threatening when encountered unprepared in the field. Living history is a fantastic hobby—however, no one should knowingly compromise their health or safety. This form, and the accompanying instructions for use, are our small contribution toward a safer hobby.

This reproducible form records the information needed by emergency medical personnel to accurately assess a patient's medical history. These basics, in addition to the first-hand details of the current situation, can save a life, even when the patient is unconscious or unable to answer questions.

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This form is formatted to print in two pages (these suggestions, and the actual form); we recommend having them photocopied as a 2-sided sheet for general distribution, though a group may choose to copy just the form page for group use.

The copyright information at the bottom of each page must be

included with every copy of the form or instructions for use.

## **For Individual Use:**

Fill out a copy of the form for each family member, and keep them together in an easily accessible place at events. You may want to make additional copies to keep in the car, or at home for babysitters and caretakers. Keep in mind that these forms have a great deal of personal information; they should be stored carefully to ensure your privacy.

## **To use this form in an organization or group:**

The form is also helpful when in group event settings, and can be used as part of new member registration materials.

Confidentiality is prime. With that in mind, please follow these suggestions:

Each member of each participating family should fill out a copy of the form, sign, and date it.

**Protect privacy:** the forms should be sealed in a #10 envelop with the family's surname in bold letters, individual family member names beneath it. The head of the household should sign in ink across the seal of the envelope.

***The family members are the only eyes that should view the contents, outside of an actual medical emergency.***

The packets should be kept in a weather resistant box at all events.

This box is best kept in a secured location, preferably with a lock.

In the event of an emergency, the box can be opened by any of the supervisory event staff (or group staff), the proper envelope retrieved, and given to EMS or medical personnel to open.

After opening, any additional forms in the packet can be returned to the coordinator for safekeeping in the box until the packet can be restored to the family.

## **If a packet is damaged:**

The coordinator should not open or read the contents.

The damaged packet, with a new set of blank forms and a new envelope, should be given to the family to complete and return.

## **Updates:**

Each family's packet should be returned to them each year for updates. If no information has changed, the previous year's form can be re-dated and put into a new signed and dated envelope.

***If you have any questions regarding the form, and appropriate use, please contact us.***

## Have a Safe & Happy Season!

# Emergency Medical Information

**Name:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ Guardian Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group ID#: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Hospital Preference (if any): \_\_\_\_\_

Religious Preference (if any): \_\_\_\_\_

## Medical History

Do you have, or have you ever had (provide details):

TIA, stroke, brain injury? \_\_\_\_\_

Migraine or cluster headaches? \_\_\_\_\_

Emphysema, bronchitis, asthma? \_\_\_\_\_

Heart condition: CHF, heart attack, high blood pressure, chronic low blood pressure, valvular disorder, angina? \_\_\_\_\_

Lung cancer? \_\_\_\_\_

Digestive disorders: diverticulitis, diverticulosis, IBS, bleeding ulcers? \_\_\_\_\_

OB/GYN: hysterectomy, ovarian cyst, current pregnancy, endometriosis? \_\_\_\_\_

Diabetes or blood-borne diseases? \_\_\_\_\_

Major surgeries, overnight hospital stays? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Allergies

Do you have, or have you ever had, an allergic reaction or sensitivity to (provide details):

Aspirin \_\_\_\_\_

Codeine \_\_\_\_\_

Penicillin \_\_\_\_\_

Other medications \_\_\_\_\_

Bees or insects \_\_\_\_\_

Environmental allergies \_\_\_\_\_

Foods \_\_\_\_\_

Other \_\_\_\_\_

## Current Medications

List any medications, vitamins, supplements, or herbal compounds you take on a regular basis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Additional Information

Please provide any other details you feel it important for emergency medical personnel to be aware of:

\_\_\_\_\_

\_\_\_\_\_

**This information is complete and correct to the best of my knowledge. I give my permission to release this information in emergency situations to qualified medical personnel, for the purpose of rendering aid.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If minor, guardian must sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_