**MOUNTAIN CLUB OF MARYLAND**

**Voluntary Emergency Information Sheet**

This information is intended for the safety and peace of mind of participants in Mountain Club of Maryland activities in the event of an emergency. It will not be collected or reviewed by hike leaders or club representatives. MCM members may provide the relevant information by completing this form. (Use other similar forms if preferred.) Then, carry it with you on MCM activities so it will be available to emergency responders, whether assisting club members or dispatched providers, in the event you are unable to provide this information. If you choose to carry the form, please mark the pack pocket or the location you choose with a distinctive string or ribbon so hike leaders will not waste valuable time looking for a form which is not there. Again, this is completely voluntary, so you can provide as much information as you feel comfortable doing; providing general data and emergency and medical contact information could be particularly helpful in an emergency.

General Information ( DATE FORM COMPLETED: Update as Needed)

Name

Address

City State Zip Code

Phone-Mobile Home Other

Email Address Other Relevant Info:

Emergency Contacts

Primary Emergency Contact Relationship

Phone-Mobile Home Other

Secondary Emergency Contact Relationship

Phone-Mobile Home Other

Primary Physician Phone

Physician Address Year of Physical Exam

General Medical History: do you have, or have a history with, the following conditions? (Contact information for specialist physicians might be particularly helpful in an emergency situation.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Condition | Yes | No | Diagnosis/Comment | Treating Physician | Physician Phone |
| Respiratory/Asthma |  |  |  |  |   |
| Diabetes |  |  |  |  |  |
| Gastrointestinal |  |  |  |  |  |
| Cardiac/Hypertension |  |  |  |  |  |
| Neurological/Seizures |  |  |  |  |  |
| Vision/Eye |  |  |  |  |  |
| Hearing |  |  |  |  |  |
| Bone/Joint/Muscle |  |  |  |  |  |
| Head/Brain Trauma |  |  |  |  |  |
| Psychological/Substance Abuse |  |  |  |  |  |
| Other |  |  |  |  |  |

Background Medical Information

Age Date of Birth

Height Weight Gender

Blood Pressure Resting Heart Rate

|  |  |  |  |
| --- | --- | --- | --- |
| Medical Insurance |  | Evacuation or Other Insurance |  |
| Company |  | Company |  |
| Policy Number |  | Policy Number |  |
| Contact Phone |  | Contact Phone |  |
| Comment |  | Comment |  |

Allergies: include allergies to food, insect bites and stings, medicines, animals, environment, and other

Do you carry an epi-pen for emergency response to reactions?

|  |  |  |
| --- | --- | --- |
| Allergy | Reaction | Medication Required |
|  |  |  |
|  |  |  |
|  |  |  |

Medications: List all prescription, over the counter, and natural medications you are currently taking

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication | Dosage | Frequency | Side Effects Info | Reason for Taking |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Other medical Information

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | Comment |
| If female, are you pregnant? |  |  | Note if N/A: |
| Have you had a significant recent illness? |  |  |  |
| Have you had a significant recent surgery or hospitalization? |  |  |  |
| Do you have problems related to exposure to altitude? |  |  |  |
| Is Tetanus Immunization up to date? |  |  | Approximate Date: |
| Are there other relevant health complaints or medical issues? |  |  |  |

Do you have a Living Will or Advanced Directive in Force? Yes: No: