

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 _____