

OLLI RENO OUTDOORS MEDICAL INFORMATION FORM

[Please complete and carry in your day pack on every hike. One per hiker. Copy your insurance card on the reverse side.]

NAME

In an emergency, please notify:

Name:

Relationship:

Home Phone:

Cell/Other:

Primary Physician:

Name:

Phone:

Pertinent Medical History [things an EMT needs to know]:

Date of Birth:

Allergies: [If allergic to bees, please be sure your hiking buddy knows and bring necessary medication on all hikes.]

Respiratory problems? Asthma? YES NO [If yes, asthma well controlled with an inhaler? If so, please bring an inhaler on all hikes and make sure a hiking buddy knows what triggers an attack and where your inhaler is located.]

Diabetes?

YES NO

Heart Condition? YES NO

PACE MAKER/STINT

Subject to seizures, dizziness or fainting? YES NO Date of Last Tetanus Shot:

Medications you are currently taking:

Herbal supplements you take regularly:

[Please alert your hike leaders if there is anything they should know about you before you hike with the group. Thanks.]