

Gulf Masters Emergency Information Sheet

This is confidential information not to be shared. Return it if lost.

Name: _____ Date of Birth: _____

Address: _____

City/Zip Code: _____ Home Phone: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Emergency Contact Relationship: _____ Secondary Contact: _____ Phone: _____

Information/History

Are you a Diabetic? Yes: _____ No: _____ **Do you Keep Food/Drink with you?** Yes _____ No: _____

Where do you keep it? _____

Do you have Asthma? Yes: _____ No: _____ **Do you carry an Inhaler?** Yes: _____ No: _____

Where do you keep it? _____

Have you been told you have a Heart Condition? Yes: _____ No: _____

If so, what type of condition? _____

Have you ever had a Stroke? TIA (Mini Stroke)? Yes: _____ Date: _____ No: _____

Do you have a Pacemaker? Yes: _____ No: _____ How long? _____ years.

Are you Allergic to Insect Bites? Yes: _____ No: _____ **Do you carry an EPI Pen?** Yes: _____ No: _____

Where do you carry it? _____

Are you Allergic to any Medications or have any other Allergies? 1) _____

2) _____ 3) _____ 4) _____

Do you have any other conditions or have had any surgeries that may result in a medical emergency?

Yes: _____ No: _____ If so, what? _____

Do you take any medications that may react to Sun, Heat, Cold or other Situation? Yes: _____ No: _____

What medication would that be? _____

Any other information that may be necessary in an emergency? _____

Print Name: _____ Date: _____

Signature: _____

This information is private and may not be shared with anyone outside of EMS and on deck USMS Coach.