

# MEDICAL INFORMATION FORM

Please fill out form **COMPLETELY** and place in a **SEALED ENVELOPE** with your **NAME ON FRONT**.

Please place the completed form/envelope under your sewing machine or keep in a readily available location. Your event coordinator may have more specific instructions on where to keep your form while at the event.

*Per Guild By-Laws, this information is required for participants in the bus trip, retreats, and any other overnight and/or travel type events. We also ask that you have it available for workshops, sewing days and other guild events.*

**NAME:** \_\_\_\_\_

**EMERGENCY CONTACT(s):**

**Primary Contact:** \_\_\_\_\_  
Name Phone Relationship

**Alternate Contact:** \_\_\_\_\_  
Name Phone Relationship

**PHYSICIAN'S NAME:** \_\_\_\_\_  
Name Phone

**MEDICATION(s):** Please list any medications and dosages that you are currently taking, including any vitamins and supplements.

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**MEDICAL INFORMATION:** Please list any conditions/information that emergency personnel should know.

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**NOTE:** We understand that you may want to keep your medical information private. The envelope will only be opened if it is absolutely necessary, preferably by the medical personnel tending to your care.