

MEDICAL INFORMATION FORM FOR OUTDOOR ACTIVITIES

This form is provided for your convenience to **carry on your person** when participating in outdoor activities. There is no requirement to share this information with ENN.

This form is intended to help first responders in the event of an emergency, if you were to lose consciousness, go into shock, or were otherwise unable to communicate.

Full Legal Name:			
Date of Birth:		Blood Type:	
Home Address:			
Emergency Contact #1:	Name:	Phone(s):	Relationship:
Emergency Contact #2:	Name:	Phone(s):	Relationship:
Primary Care Phys:	Name:	Phone:	
Health Insurance:	Provider:	Member ID #:	
Medicare:	(Circle applicable) A / B	Member Claim Number:	
Allergies:			
Medications:			
Medical Conditions:			
Surgical History:			