

# BUOC – Emergency Information Form

The purpose of this document is to have any information a medic may need in case of emergency. Please be as descriptive as possible and know this information will be destroyed after the trip. If there is something you do not feel comfortable writing please tell your trip leader.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Medical Conditions:

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Medications:

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Allergies:

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Emergency Contact 1

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact 2

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Notes:

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