

EMERGENCY MEDICAL INFORMATION FORM

NOTE THAT MEDICAL FORMS ARE REQUIRED FOR ALL PARTICIPANTS

Name: _____

Address: _____

City: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____

Address: _____

City: _____

Daytime Phone: _____ **Evening Phone:** _____

Please indicate where your emergency contact person will be during the convention if different from above:

Please list the medications you take daily if any (attach list if easier): _____

Physician's name and phone number: _____

Please list any special needs you may have: _____

If you need a wheel chair accessible room please notify the Hotel when you make your reservations.