



NATIONAL GENEALOGICAL SOCIETY

3108 COLUMBIA PIKE, SUITE 300  
ARLINGTON, VA 22204-4370

703-525-0050 800-473-0060  
FAX 703-525-0052

## NGS RESEARCH TRIP MEDICAL EMERGENCY FORM

This is a participant of a NGS Research Trip. It is only for use in a medical emergency. Please list two contacts with their daytime and cell phone numbers. This information is destroyed after the research trip. Thank you for your cooperation.

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

Date of birth: \_\_\_\_\_

Home phone  
number: \_\_\_\_\_

First contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Second contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Current doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Office phone: \_\_\_\_\_ Exchange  
phone: \_\_\_\_\_

Please list of all allergies, medical conditions, and medications. We will share this information only as needed with an emergency medical worker.

Allergies: \_\_\_\_\_

Medical  
conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_