

Sisters^{on the}*fly* **Emergency Information**

Complete this form and seal it in an envelope, then place it in your RV, taped to the refrigerator, inside closet or, if a tent camper, to the top of your ice chest so it can be found and passed on to medical personnel in an emergency. @12/21

Name: _____ Age: _____

Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Blood Type: _____

Diabetes High Blood Pressure Heart Disease COPD

Asthma Contact Lenses/glasses Cancer

Other: _____

Metal in body (What/Where)? _____

Medications & Dosages: _____

Allergies: _____

Dietary Restrictions: _____

Other information to be aware of: _____

Medical Insurance Carrier: _____

Primary Physician Contact Information: _____

Who to contact in case of emergency:

1) _____ Ph. _____

2) _____ Ph. _____