

# RV WHEELERS CLUB of LWV

## CONFIDENTIAL MEDICAL INFORMATION

(Will Only Be Used On A Need-To-Know Basis)

PLEASE COMPLETE ONE FOR EACH PERSON IN YOUR PARTY

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_

ID# \_\_\_\_\_ Policy Number \_\_\_\_\_

In Case Of Emergency, Please Contact \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Medical History**                      **Blood type/group** \_\_\_\_\_                      **Last Tetanus** \_\_\_\_\_

Allergies (Food, Medication) \_\_\_\_\_

Current Medications \_\_\_\_\_

Current Medical Problems \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete the Medical Information form and seal it in an envelope with your name on the outside and bring it with you to our rallies. We suggest keeping it somewhere accessible in your rig to only be opened in case of emergency. Keep it in your rig at all times.