

Emergency Medical Information

Battery A, 1st Ohio Light Artillery
Statehouse Battery

Member Full Name: _____

Member Signature _____ Date _____

1. Emergency Contacts:

Contact Name #1: _____ Contact Name #2: _____

Address: _____ Address: _____

Emergency Phone Number: _____ Emergency Phone Number: _____

Personal Physician _____ Phone _____

2. Medical Conditions/Medications: Please list any special medications and medical conditions you may have which might assist emergency medical personnel (such as Allergies, Diabetes, Heart Conditions, High/Low Blood Pressure):

Medical Conditions: _____

Medications: _____

3. Insurance Information: Please provide your insurance information below **OR notify your superiors as to where your insurance card can be found: _____**

(This information will be kept confidential with Battery documents and consulted only in the event of a medical emergency.)