



# Somerset County Park Commission Emergency Medical Information - ADULT

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

In the event of an injury, the local Rescue Squad will transport the injured person to the nearest hospital.

In case of an **EMERGENCY**, who should be notified?

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Other Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Before engaging in any physical activity it is advisable to check with a physician regarding any conditions that may limit participation. Should an **emergency** arise, we need to know the following information:

Name of Physician \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

Circle if you have any of the following:

- |           |                         |                  |                      |
|-----------|-------------------------|------------------|----------------------|
| Allergies | Specific Food Allergies | Insect Allergies | Medication Allergies |
| Diabetes  | Seizures                | Contact Lenses   | Dentures             |

Explain in detail any circled above:

\_\_\_\_\_  
\_\_\_\_\_

Do you carry an epinephrine pen/kit?  Yes  No Can you self-administer the epinephrine pen?  Yes  No

Is there anything else about your health you would like us to know in case of an emergency?

\_\_\_\_\_  
\_\_\_\_\_

Presently taking any medications?  Yes  No If Yes, what? \_\_\_\_\_

This medical history is correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Participant Please **PRINT** Signature Name Date

Please Return To:  
Somerset County Park Commission  
Environmental Education Center  
190 Lord Stirling Road ♦ Basking Ridge ♦ New Jersey 07920  
908 766-2489 ♦ 908 766-2687 Fax