



Somerset County Park Commission Emergency Medical Information - ADULT

Name _____
(Last) (First) (MI)

Address _____
(Street) (City) (State) (Zip)

Home phone: _____ work: _____ cell: _____

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 information is correct and complete to the best of my knowledge. I acknowledge this form may be shared with medical personnel in the event of an emergency.

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 908 722-1200 ♦ 908 766-2687 Fax