

# Somerset County Park Commission Emergency Medical Information – ADULT

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

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

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Male  Female (office use only: weight \_\_\_\_\_)

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

In case of an **EMERGENCY** when you cannot be reached, who should be notified?

- Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Other Phone \_\_\_\_\_
- Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

If there has been a custody decision please list the name or names of the person **NOT** permitted to pick up the child.

\_\_\_\_\_  
(Please provide documentation, which will be kept confidential)

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. In addition, we have read and will abide by the current Lord Stirling Stable Rules and Safety Announcement.

\_\_\_\_\_  
**Signature of Participant** (or parent/guardian) Please **PRINT** Signature Name **Date**

Please Return To:  
Somerset County Park Commission, Lord Stirling Stable  
256 South Maple Avenue ♦ Basking Ridge ♦ New Jersey 07920  
908 766-5955 ♦ 908 766-9783 Fax