



Emergency Medical Form

Please complete the LVTD Emergency Medical Form. Put it in an envelope and seal the envelope. Sign your name across the seal on the back of the envelope. On the front of the envelope, print (clearly) your name and the names and phone numbers for at least two emergency contacts. If you have a medical emergency during your Tres Dias weekend, we will contact one of your emergency contacts. If necessary, your sealed medical information will be opened only by emergency personnel. At the close of the weekend, your unopened envelope will be returned to you.

Name (Print) _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Emergency Contacts:

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Primary Physician: _____ Phone # _____ Alt Phone # _____

Health Insurance: _____

Medical Conditions:

Allergies:

Medications:

Medication	Strength	Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____