

Emergency Medical Form

Personal Information					
First Name Alexander		Last Name Sample		Preferred Name Alex	
Patient Identifier (If known) ABC123		Gender M		Preferred Pronouns He/Him	
Date of Birth 09.15.1994		Marital Status Married			
Address 123 Sample Street			City Sample City		State AZ
Zip Code 1234			Email alex.sample@example.co		
Preferred Phone Number 555-5555					
Emergency Contact					
Full Name Alice Sample		Relationship Wife		Contact Number 555-5555	
Full Name Drew Example		Relationship Brother in law		Contact Number 555-5555	
Medical Information					
Primary Care Physician Dr White		Address 123 Sample Terrace		Contact Number 555-5555	
Please list any medical conditions Narcolepsy Type 1					
Please list any current medication Sodium oxybate (Xyrem) twice at night time					
Please list any allergies Bee stings- anaphylaxis Other: Latex, Lactose, Penicillin					
Additional Information Epi-pen is in the front pocket of my bag in case of anaphylactic shock My narcoleptic episodes (cataplexy) can look like a seizure but I am conscious and in no immediate danger.					
Emergency Medical Consent					
I, Alex Sample, consent to Summer Camp Inc. authorizing medical care for myself in the event of an emergency.					
Parent or Guardian Name (If Applicable) -			Relationship to Patient (If Applicable) -		
Signature of Patient, Parent or Guardian A. Sample			Date 12/21/2022		