

# Emergency Medical Information

**INSTRUCTIONS:** Please complete all information and seal in an envelope with your name clearly printed on front. This information is for emergency use only and will be returned to you, unopened, at the end of the weekend if it is not needed.

Candidate's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group ID: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber's ID: \_\_\_\_\_  
(if different)

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

## EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Conditions, Allergies, Medications, Additional Information

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