# Emergency Medical Info Form for NHD students traveling with chaperones

If you are traveling on the bus with NHD in WI, complete this form and seal it in an envelope. As you board the bus on June 8, hand this to the NHD in WI Coordinators. We will not open the envelope unless a medical emergency arises.

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| --- |
| Student’s Name:  |
| Address  |
|  |
| City:  |
| State:  |
| Home Phone/Main Contact Number:  |
| Email:  |
| Date of Birth:  |
|    |
| Contact Lenses? Diabetic? Epileptic? |
| Allergies to medications? |
| (list)  |
| Any other medical concerns we should be aware of: |
| Medications taking now? |
| (list)  |
|  |
| Insurance Co(leave blank if no insurance or unsure): |
| Group number:  |
| Policy number:  |
|  |
| Primary Physician and/or Medical Treatment Facility: |
| Physician Name: |
| Facility, Clinic: |
| Group or Hospital:  |
| Address:  |
| City:  |
| State:  |
| Phone  |
| Continue on to backNext of Kin or Person to be notified in an Emergency: |
| Name/Relationship to student  |
| Phone  |
| E-mail  |
| Next of Kin or Person to be notified in an Emergency: |
| Name/Relationship to student  |
| Phone  |
| E-mail  |