

SUMMER MATH CIRCLE TRAINING INSTITUTE

July 10 – 16, 2011

HEALTH INFORMATION CARD

The information on this card will be held confidential for use in case of an emergency. Please print clearly.

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

Birth date: \_\_\_\_\_

Please list below any significant health conditions that we should be aware of including:

Allergies (including allergies to medications), Diabetes, Heart or circulatory conditions, Epilepsy, et cetera.

Please list below any medications you are currently taking including the name of the medication, the dosage, and the frequency of use.

Please list the name and phone number for your family doctor if you have one.

\_\_\_\_\_

Please list names and phone numbers for two people we could contact in case of an emergency.

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