



# PELAGIC SAILING CLUB FILE FOR LIFE

## EMERGENCY MEDICAL INFORMATION

Date Updated: \_\_\_\_\_

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

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

Sex: Male  / Female  Date of Birth: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Policy #: \_\_\_\_\_

Other Medical Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Medicare / Medicaid: \_\_\_\_\_

Policy #: \_\_\_\_\_

Living Will: Yes  / No   Need Copy

Health Care Power of Attorney Yes  / No  to be enforced

## LIST ALL MEDICINES YOU ARE CURRENTLY TAKING

Include medications that you are taking routinely and "as needed."

Name of prescription, Over-the-counter medication, vitamins/supplements	Dosage	Frequency

## MEDICAL HISTORY

Conditions / Surgeries / Hospitalizations: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICINE ALLERGIES

Drug: \_\_\_\_\_ Reaction (describe): \_\_\_\_\_

## EMERGENCY CONTACTS

Name (primary / POA): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## ALLERGIES

NKDA = No Known Drug Allergies

Latex Yes  / No  Eggs / Dairy Yes  / No

Fish Yes  / No  Peanuts / Nuts Yes  / No

Other: \_\_\_\_\_

**Update this form whenever you have a change of medication or medical history.**

You can also keep a copy in a sealed envelope placed on your refrigerator. For additional copies of this form please contact Pelagic Sailing Club

[www.pelagicsailingclub.org](http://www.pelagicsailingclub.org)

**Completion of this form is voluntary.** Please complete and keep in an envelope. In large, bold print on both sides of the envelope print "Emergency Medical Information for (your name)". Consider placing the envelope in a clear waterproof bag in a safe central location on the boat. Prior to commencing a trip tell the skipper and/or a responsible person of the file and its location. In the event of a medical emergency any information provided will be released to emergency medical responders.

Use additional page(s) as needed.

CSpear1412