

HEATH HISTORY / EMERGENCY CONTACT

The information gathered on this form will be kept in the strictest confidence with the Team's Medical team and will be used only in the result of the named individual being unable to give this information to rescuers or to the Incident Commander. Information here will be also used to provide I.D. Cards.

1. LAST NAME	2. FIRST NAME	3. M. I.	4. BIRTH DATE	5. SEX M F
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6. HOME ADDRESS	7. CITY	8. STATE	9. ZIP CODE
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10. EYE COLOR	11. HAIR COLOR	12. HEIGHT	13. WEIGHT
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14. DAYTIME TELEPHONE	15. EVENING TELEPHONE	16. CELL TELEPHONE	17. PAGER NUMBER
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18. EMERGENCY CONTACT #1	RELATIONSHIP	TELEPHONE NUMBERS
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19. EMERGENCY CONTACT #2	RELATIONSHIP	TELEPHONE NUMBERS
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20. MEDICAL INFORMATION (PLEASE LIST, ALLERGIES, HYPERTENSION, DIABETES, CARDIAC, PHYSICAL, RESPIRATORY)

21. MEDICATIONS

22. NAME OF FAMILY PHYSICIAN	LOCATION	TELEPHONE NUMBERS
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23. NAME OF FAMILY DENTIST	LOCATION	TELEPHONE NUMBERS
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24. INSURANCE CARRIER	POLICY / GROUP NUMBER	TELEPHONE NUMBER
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AUTHORIZATION FOR MEDICAL TREATMENT

YOU HAVE MY PERMISSION TO TAKE ME TO THE NEAREST MEDICAL FACILITY FOR EMERGENCY TREATMENT AND I WILL ASSUME RESPONSIBILITY FOR PAYMENT.

(PRINTED NAME)

(SIGNED)

(DATE)

SAR 11

NICOLET SEARCH TEAM
8/13/02

ANNUAL REVIEW: (DATE AND INITIAL)
