

# Vicksburg National Military Park

## Camp of Instruction: Citizen to Soldier



### PARTICIPANT INFORMATION AND EMERGENCY CONTACT

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

#### EMERGENCY CONTACT INFORMATION:

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

Relationship to you: \_\_\_\_\_

Their address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Do you have P.E. restrictions/note? \_\_\_\_\_ If yes, what for?

What medications are you taking? (Bring one extra dosage of your medications just in case)

Do you have asthma? \_\_\_\_\_ If yes ,please have TWO inhalers

Are you a diabetic? \_\_\_\_\_ How do you treat yourself for this condition?

Have you had problems at high elevations before? \_\_\_\_\_

Are you allergic to bees? \_\_\_\_\_ If so how do you react? \_\_\_\_\_

\_\_\_\_\_

If you are allergic to bees, what medications are you bringing? \_\_\_\_\_

\_\_\_\_\_

What food allergies do you have? \_\_\_\_\_

How do you react? \_\_\_\_\_

What should be done if you have a reaction? \_\_\_\_\_

Have you had seizures before? \_\_\_\_\_ When was your last attack? \_\_\_\_\_

Describe the type of seizure:

What other information needs to be known in the event of a medical emergency?

Are there any restrictions for treating you in a medical emergency?

Clinic or doctor's name: \_\_\_\_\_

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

Their phone number: \_\_\_\_\_

The information collected on this sheet is purely informational, to be used by a certified medical response Park Ranger. It does not void the Release of Liability form signed by participants and approved guardians. Guardians should initial here that they understand this: \_\_\_\_\_

For further information, please contact Rick Martin, 601-619-2905,  
or email [Rick\\_Martin@NPS.gov](mailto:Rick_Martin@NPS.gov)