

Emergency Medical and Contact Information

GEOL 188

NAME _____

Contact info (cell number) _____

Please list any medical conditions that might present challenges on the field trip (e.g., asthma, problems hiking long distances, sensitivity to altitude, allergies to bees)

If you have a condition, what should I know about it (e.g., do you carry medication to resolve the issue, etc.)?

Food allergies?

Food dislikes/foods you cannot eat?

Emergency contact (name, address, phone and email of a person you would want me to contact in case of emergency)