

# Somerset County Park Commission Emergency Medical Information

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

In the event of an injury, the local Rescue Squad will transport the injured person to the nearest hospital.

In case of an **EMERGENCY** when you cannot be reached, who should be notified?

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

If there has been a custody decision please list the name or names of the person **NOT** permitted to pick up the child.

\_\_\_\_\_  
(Please provide documentation, which will be kept confidential)

Before engaging in any physical activity it is advisable to check with a physician regarding any conditions that may limit participation. Should an **emergency** arise, we need to know the following information:

Name of Physician \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

Circle if you have any of the following:

Allergies                      Specific Food Allergies                      Insect Allergies                      Medication Allergies

Diabetes                      Seizures                      Contact Lenses                      Dentures

Explain in detail any circled above:

\_\_\_\_\_  
\_\_\_\_\_

Do you carry an epinephrine pen/kit?  Yes  No

Can you self-administer the epinephrine pen?  Yes  No

Is there anything else about your health you would like us to know in case of an emergency?

\_\_\_\_\_  
\_\_\_\_\_

Presently taking any medications?  Yes  No                      If Yes, what? \_\_\_\_\_

This medical history is correct and complete to the best of my knowledge.

\_\_\_\_\_  
**Signature of Participant** (or parent/guardian)                      Please **PRINT** Signature Name                      **Date**

Please Return To:

Somerset County Park Commission  
Environmental Education Center  
190 Lord Stirling Road ♦ Basking Ridge ♦ New Jersey 07920  
908 766-2489 ♦ 908 766-2687 Fax