

# District Convention Medical Information



A medical information form is required for participants attending the Michigan District Aktion Club Convention. Please complete this medical information form and make two (2) copies; send one in with the registrations and keep one with you or your guardian at all times during the conference.

**PLEASE PRINT**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Registrant's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Check one of the following that applies to you:

I have a legal guardian, named below.       I am my own guardian. (Fill in phone number below)

Guardian \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Doctor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Primary Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Secondary Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

*Attach a copy of health insurance cards here:*

Please list health concerns that need to be monitored:

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List physical limitations: \_\_\_\_\_

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Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

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Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

**PLEASE READ CAREFULLY** I hereby certify that the information given above is correct. In case of medical emergency, I understand that every effort will be made to contact the person(s) designated above. In the event that the aforementioned contact person(s) cannot be reached or time does not permit, I hereby give permission to a licensed physician to provide proper treatment, including hospitalization, immunization or injection, anesthesia, and surgery.

*Guardian's signature is required if Registrant is not own guardian.*

Signature \_\_\_\_\_ Date \_\_\_\_\_