Please download the form to your computer. Fill out the form. Then you can save the data typed into this form. Email completed form as an attachment to guildschooligma@gmail.com.

FORM C

DUE MARCH 15

Medical Information

If a spouse or other guest will accompany you, it is necessary that a medical form be filled out for them also. Please **make a copy of this form**. Don't forget to bring your health insurance card with you. Please note a "yes" if you have the condition even if you are under treatment and it is controlled. This information will remain confidential. However, in the event of an emergency, it may be necessary to provide data to first responders for effective medical intervention.

NAME _____

Do you have cardiac dysrhythmia (arrhythmia or irregular heart beat or rhythm)? If so, what is it called?	☐yes	☐no
Do you have any implanted devices (pacemaker, cardioverter, defibrillator) to control this condition? What do you have?	☐yes	☐no
Do you have diabetes?	☐ yes	☐no
Have you ever had a seizure or convulsion? If so, when did it last occur?	☐ yes	☐no
Do you have a hearing impairment?	☐ yes	☐no
Do you have allergies or sensitivities to any medications, foods, or other substances? If yes, please list:	☐ yes	☐no
Do you have high blood pressure/hypertension?	☐ yes	☐no
In case of power outage, do you have any equipment which requires an emergency power source? If yes, please list: Or requires refrigeration? (i.e., CPAP, insulin) If yes, please list:	☐ yes	☐no

Please indicate if you received a COVID vaccination: _____ 1 shot _____ 2 shots _____ booster

Is there any illness, medical problem or physical condition not mentioned, that we should be aware of (e.g., respiratory, risk of bleeding, previous surgeries)? If so, please specify:

Please list all medications (prescription and over the counter) that you are taking. Include dosage and frequency. Also, indicate if the medication cautions against operating machinery while taking it.

List two people we can notify in case of emergency.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In case of emergency, please list your doctor.

Name _____ Phone _____

Although not necessary, it would be helpful if you provided all pertinent information regarding your health insurance, in the event your insurance card is lost or left home.

Carrier _____

Card Number _____