



**MEDICAL INFORMATION**

HEART OR LUNG PROBLEMS: \_\_\_\_\_

DIABETES: \_\_\_\_\_

HIGH BLOOD PRESSURE: \_\_\_\_\_

OTHER: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

**EMERGENCY CONTACT** (LIST TWO CONTACTS WITH TWO NUMBERS EACH)

NAME: \_\_\_\_\_

PHONE #1 \_\_\_\_\_ PHONE #2 \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE #1 \_\_\_\_\_ PHONE #2 \_\_\_\_\_

**I hereby affirm that the above information is accurate and complete**

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

MAIL TO:  
Karen McAnally  
PO Box 84  
La Veta, CO 81055