



**Bainbridge-Ometepe Sister Island Association**

**Participant Medical Information**

Participant's Name \_\_\_\_\_ Trip Dates: \_\_\_\_\_

Please list all medical conditions that may be of concern to participants & leaders during this trip.

\_\_\_\_\_

\_\_\_\_\_

Please list all medications participant will be taking while on BOSIA-sponsored trip.

Name of Medication	Dosage and Instructions
1	
2	
3	
4	
5	

History of Asthma? YES\_\_ NO\_\_ Explain \_\_\_\_\_

History of Diabetes? YES\_\_ NO\_\_ Explain \_\_\_\_\_

History of Seizures? YES\_\_ NO\_\_ Explain \_\_\_\_\_

Allergies? (list all allergies below: food, insect bite or sting, plant, medications)

Description of Allergy	History of Reaction and Treatment
1	
2	
3	
4	
5	

**Physicians Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Emergency Contact Name (1)** \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact Name (2)** \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_