



**EMERGENCY MEDICAL INFORMATION**

**Name:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Allergies and/or Medical Conditions:**  Yes  No

If yes, please explain \_\_\_\_\_

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

**Medical Procedures, Surgeries and /or Orthopedic Devices/Implants:** \_\_\_\_\_

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

**Current Medications:** \_\_\_\_\_

\_\_\_\_\_

**Any Special Requirements:** \_\_\_\_\_

**Pharmacy Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** (please name two )

1. \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*All information is confidential and will be destroyed at the completion of each trip.  
Neither Flathead Travel Services or Mountain West Bank Summit Club is responsible for medical conditions or emergencies.