

Mark Picard Wildlife Photography 58 Central St. Millinocket, ME 04462

ADULT CONFIDENTIAL MEDICAL FORM

PART I: GENERAL INFORMATION

First Name: Middle: Last:

Do you speak/understand English? Yes No Daytime Tel#:

Birthdate: Age: Sex: M 0 F 0

Street address: Evening Tel#: Email:

P.O. Box City: State: Zip Code:

Insurance Information

Each participant is responsible for any medical expenses and should be covered by his/her own insurance. Please answer the following questions for our insurance records.

Policy/Certificate#: Insurance Company: Tel#:

In Case of Emergency Contact

Name: Relationship: Daytime Tel#: Evening Tel#:

PART II: MEDICAL INFORMATION

A. Allergies (including allergies to medicines, foods, insects bites/stings, etc.) Yes 0 No 0

ALLERGY	REACTION	MEDICATION REQUIRED (if any)
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CURRENT MEDICATIONS:

MEDICATION SIDE EFFECTS:

TAKEN FOR:

DOSAGE:

DATE STARTED:

CURRENT SIDE EFFECTS:

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