

**FORESTRY INSTITUTE FOR TEACHERS  
HEALTH & EMERGENCY INFORMATION CARD**

*This form is intended to assist FIT staff in the event that there is an emergency health issue or accident. If there is information that you do not want to share it is your right not to do so.*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
City \_\_\_\_\_ Home phone \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone \_\_\_\_\_

***In case of emergency, please contact:*** Name \_\_\_\_\_ Phone \_\_\_\_\_

Approximate date of last Tetanus shot? \_\_\_\_\_

Do you have a condition or illness such as diabetes, asthma, bee sting allergy, or other allergy which may require special attention?

If yes, please explain:

\_\_\_\_\_

Are you taking medication? If yes, please describe below:

	Name of Medication	Dosage/Day
1	_____	_____
2	_____	_____
3	_____	_____

Are there any other physical conditions of which we should be aware?  No  Yes, please explain

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

*I hereby authorize medical, nursing, or surgical care, including care rendered through the facilities of the nearest physician or hospital for any emergency which may arise while I am in attendance at the Forestry Institute for Teachers. I will assume full financial responsibility for all medical, nursing, or surgical care, including transportation.*

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