

Name		Age	
Parent/Guardian Name			
Parent/Guardian Phone			
Advisor/Chaperone Name			
Advisor/Chaperone Phone			
Chapter Name			
Chapter City		State	
Hotel Name		Phone	
School Principal Name			
School Phone			
State Staff Name			
State Staff Phone			

S.A.M.P.L.E.

(This information may be asked about you in case of an emergency)

- Any **S**igns or symptoms that are not apparent
- Known **A**llergies-please list any allergies you may have
- M**edications that the patient is on-please list any medications you are currently taking
- P**ast medical history
- L**ast meal and or fluid intake
- What led up to the **E**vent

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