

## RAVENSBORG MEDICAL CONDITION DECLARATION FORM

The purpose of this document is to inform emergency attending medical professionals of any known medical condition which may prove life threatening or dangerous to the person signing this form.

This information contained herein is confidential and shall not be made publicly available.

Do you now or have you had any condition which requires regular attendance by a physician or doctor?

Yes  No If yes, what is the condition? \_\_\_\_\_

Are you now taking any prescription medications? If so, please list the medications and dosages in the event of an emergency situation for the information of the attending doctor or EMS person.

A. \_\_\_\_\_ D. \_\_\_\_\_

B. \_\_\_\_\_ E. \_\_\_\_\_

C. \_\_\_\_\_ F. \_\_\_\_\_

Do you have or are you aware of any allergy or sensitivity to environmental, dietary, or material objects which you may have?

Yes  No If yes, what are they? \_\_\_\_\_

Do you have any other medical condition or situation which you feel would be important to a medical professional in the event that you were unable to communicate?

Yes  No If yes, what would that be? \_\_\_\_\_

Does the staff of RAVENSBORG have authority to call an ambulance, medivac, or otherwise initiate emergency medical care for the person signing this form in order to preserve life, limb, or general well-being as seen by the RAVENSBORG staff member initiating the call for emergency assistance?

Yes  No

I certify that the above information is complete and true to the best of my knowledge. I refer any questions regarding this form back to my signed statements on the RAVENSBORG Registration Form and the RAVENSBORG Release From Liability Form.

Printed Name \_\_\_\_\_

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