

BROOKFIELD SENIOR COMMUNITY CENTER
SENIOR TOUR
2019 HEALTH INFORMATION

This information is for Department use only, and will not be used unless there is a medical emergency. You only need to fill this out once per calendar year. Please make changes as needed in the Parks and Recreation office.

1. PARTICIPANT NAME _____
ADDRESS _____
CITY, STATE, ZIP _____

2. PERSON TO CONTACT IN CASE OF AN EMERGENCY:
NAME: _____
RELATIONSHIP: _____ PHONE: _____

3. NAME OF YOUR DOCTOR: _____ PHONE: _____

4. LIST MEDICATIONS/DOSAGE PRESCRIBED BY DOCTOR:

5. LIST OVER THE COUNTER MEDICINES THAT YOU TAKE REGULARLY:

6. SPECIFY ANY MEDICAL CONDITIONS OR INFORMATION ABOUT YOURSELF THAT SHOULD BE KNOWN IN CASE OF AN EMERGENCY (i.e. allergies, heart problem, diabetes).

