

**Somerset County Park Commission
Emergency Medical Information – ADULT**

Name _____
(Last) (First) (MI)

Address _____
(Street) (City) (State) (Zip)

Birth Date ____/____/____ Male Female (office use only: weight _____)

In the event of an injury, the local Rescue Squad will transport the injured person to the nearest hospital.

In case of an **EMERGENCY** when you cannot be reached, who should be notified?

1. Name _____ Relationship _____
Phone _____ Other Phone _____
2. Name _____ Relationship _____
Phone _____ Other Phone _____

If there has been a custody decision please list the name or names of the person **NOT** permitted to pick up the child.

(Please provide documentation, which will be kept confidential)

Before engaging in any physical activity it is advisable to check with a physician regarding any conditions that may limit participation. Should an **emergency** arise, we need to know the following information:

Name of Physician _____

Phone Number (____) _____ Date of last Tetanus shot _____

Circle if you have any of the following:

- | | | | |
|-----------|-------------------------|------------------|----------------------|
| Allergies | Specific Food Allergies | Insect Allergies | Medication Allergies |
| Diabetes | Seizures | Contact Lenses | Dentures |

Explain in detail any circled above:

Do you carry an epinephrine pen/kit? Yes No

Can you self-administer the epinephrine pen? Yes No

Is there anything else about your health you would like us to know in case of an emergency?

Presently taking any medications? Yes No If Yes, what? _____

This medical history is correct and complete to the best of my knowledge. In addition, we have read and will abide by the current Lord Stirling Stable Rules and Safety Announcement.

Signature of Participant (or parent/guardian) Please **PRINT** Signature Name **Date**

Please Return To:
Somerset County Park Commission
Lord Stirling Stable
256 South Maple Avenue ♦ Basking Ridge ♦ New Jersey 07920
908 766-5955 ♦ 908 766-9783 Fax