Southern Cruisers Riding Club

**Chapter 437, Ottawa – Gatineau**

**Medical Information Card**

To use this form:

1. First save this file in your Template folder in MSWord
2. Open MSWord
3. Click on ***File/New*** and look for the file **‘SCRC Med Info.dot’**
4. Click on the file icon to open, making sure that under ***Create new*** (right bottom corner) ***Document*** is checked.

To fill the Card:

1. Use Tabs to go between fields and fill the card with the appropriate info
2. Areas with drop down menu have the info already programmed. Click on the arrow and choose the appropriate data
3. if you don’t have any allergies, enter **No Known Allergies (allergies will appear in red)**
4. Save your file
5. Print, cut and fold on the dotted line

Note: The revised date will adjust every time you save the form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | **Southern Cruisers Riding Club**  **Chapter 437, Ottawa – Gatineau**  **Medical Information** | | | | | | | |
| Personal Identification | | | | | | | | | | | | | | |
| First Name | | |  | | | | | Last Name: | | |  | | Inits: |  |
| Address: | | |  | | | | | | City: | |  | | | |
| Province: | | |  | | | | | Postal Code: | | | |  | | |
| Country: | | |  | | | | |  | | | | | | |
| Ph (H): | |  | | | | | | Ph (W): | |  | | | | |
| Cell: | |  | | | | | |  | | | | | | |
| Birth date: | | |  | | | | | Blood Type: | | |  | | | |
| Notify in Emergency | | | | | | | | | | | | | | |
| **1** | Name: | | |  | | | | | Ph: | |  | | | |
| **2** | Name: | | |  | | | | | Ph: | |  | | | |
| **3** | Name: | | |  | | | | | Ph: | |  | | | |
| Physician: | | | |  | | | | | Ph: | |  | | | |
| See reverse for Medical information | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Medical Conditions:** | | | | | 1 |  | | | | | | | | |
| 2 |  | | | | | | | | |
| 3 |  | | | | | | | | |
| 4 |  | | | | | | | | |
|  | | | | | | Name | | | | | Dosage | | Freq Taken | |
| **Medications:** | | | | | 1 |  | | | | |  | |  | |
| 2 |  | | | | |  | |  | |
| 3 |  | | | | |  | |  | |
| 4 |  | | | | |  | |  | |
| **Known Allergies:** | | | | | 1 | **No Known Allergies** | | | | | | | | |
| 2 |  | | | | | | | | |
| 3 |  | | | | | | | | |
| Other Info: | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
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| Last revised:  2014-12-23 | | | | | | | | | | | | | | |