

148th P.V.I. Co. C Event Medical Record

ONE FORM PER INDIVIDUAL MEMBER

FULL NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

AGE _____ D.O.B. ____/____/____

CELL _____ PHONE _____

EMAIL _____

RANK (OR INDICATE CIVILIAN) _____

EMERGENCY CONTACT _____

RELATIONSHIP _____

PHONE _____ CELL _____

COMPLETE OR MARK "NONE" AS APROPRIATE

MEDICAL CONDITION(S) _____

DRUG ALLERGIES _____

OTHER ALLERGIES _____

(OVER)

CURRENT PRESCRIPTION MEDICINES TAKEN (AND DOSES)

DATE _____/_____/_____

SIGNED _____

GUARDIAN SIGNS (IF MINOR) _____

RECEIVED (COMMANDING OFFICER) _____

RECEIVED (REGIMENTAL SURGEON) _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I _____ (print full name) hereby give permission for emergency medical treatment of myself (or of the minor, for which I am guardian). Furthermore, I agree to hold blameless, any emergency personnel, the members, or officers of the 148th Regiment Pennsylvania Volunteer Infantry, or event organizers and sponsors, in the treatment according to certifications held, and information here provided.

SIGNED (MEMBER OR GUARDIAN) _____

NAME OF MINOR (PRINT) _____

WITNESS _____

DATE _____/_____/_____