

Trilogy at Power Ranch
Hiking Club
Emergency Info Inside

Name

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| <u>MY INFORMATION</u> |
| Address: |
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| |
| Phone No: |
| Birth Date: |
| <u>EMERGENCY CONTACT</u> |
| 1) |
| Ph #: |
| 2) |
| Ph #: |
| <u>DOCTOR/INSURANCE INFO</u> |
| Doctor: |
| Dr. Address: |
| Dr. Phone #: |
| Insurance carrier: |

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| Insurance #: |
| <u>MEDICAL HISTORY</u> |
| Health Problems: |
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| Medications: |
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| Allergies: |
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| Special Considerations: |
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