WBCCI - Northern Lights & Polar Bears

Medical Emergency Information

Each person must complete this form. Place it in a sealed envelope with your name on the outside. Please write on the envelope your Name, WBCCI number and print "MEI" in the upper left corner. Bring it to the rendezvous and give it to the caravan leaders. It will be opened only in case of a medical emergency. The envelope will be returned to you at the completion of the caravan.

Name: Date of Birth:

WBCCI#:

Medical Evacuation Company:

and Membership Info:

Insurance Company (primary): Policy #:

Insurance Company (secondary): Policy #:

In case of emergency contact:

Name: Relationship:

Address:

Telephone #: Cell #:

Family/personal physician: Telephone:

Your medical information - Specify any problems:

Allergies, such as foods, medicines, plants, insect bites, etc.:

Current medications - List ALL medications you take, prescription or not: