

SOUTH CAROLINA

Master  
Naturalist

A CLEMSON EXTENSION PROGRAM



## In Case of Emergency Form

*To be kept by the participant and must be carried at all times during Master Naturalist trainings*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Physician's number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications I am taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief medical history: \_\_\_\_\_

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