**WILDERNESS SOLO MEDICAL INFORMATION AND MANAGEMENT FORM**

|  |  |
| --- | --- |
| NAME |  |
| DOB |  |
| PHONE |  |
| ADDRESS |  |
| PREGNANT? |  |
| DUE DATE |  |
| ANTENATAL RECORD? |  |
| NEXT OF KIN |  |
| NUMBER |  |
| 2nd EMERGENCY CONTACT |  |
| NUMBER |  |
| MEDICAL HISTORY |  |
| ALLERGIES |  |
| MEDICATIONS |  |
| MANAGEMENT PLAN FOR SOLO  (EG: I am bringing my epi pen.  Eg: I need to bring food) |  |