

**UNIVERSITY OF BRITISH COLUMBIA - DEPARTMENT OF GEOGRAPHY  
EMERGENCY MEDICAL INFORMATION FOR FIELD PARTICIPANTS**

Field Project/Class: \_\_\_\_\_ Supervisor/Instructor: \_\_\_\_\_

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**PARTICIPANT'S CONTACT INFORMATION**

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

Date of Birth: (DD/MM/YY) \_\_\_/\_\_\_/\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H)(\_\_\_\_) \_\_\_\_\_ (W)(\_\_\_\_) \_\_\_\_\_ (C)(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

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

Relationship to Participant: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H)(\_\_\_\_) \_\_\_\_\_ (W)(\_\_\_\_) \_\_\_\_\_ (C)(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**PARTICIPANT'S MEDICAL HISTORY**

Medications regularly taken and dosage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any conditions that could affect functioning in the field?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any known allergies, food or otherwise?

\_\_\_\_\_  
\_\_\_\_\_

**PARTICIPANT'S CONSENT**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_