
SOLAR PLAYER MEDICAL INFORMATION

Please note: the following information is for *SOLAR* staff in case of an emergency. *SOLAR* will keep this information in confidence for game officials only, and on a need-to-know basis. If you are uncomfortable writing this information but still feel it should be known, please speak with the appropriate member of the *SOLAR* staff. Name, Character's Name and Race, Address, Telephone, Birth Date, and please give the name and numbers of two people to contact in case of an emergency and any special instructions in seeking medical treatment (such as restrictions due to personal preferences or religious reasons).

Name: _____

Character's Name and Race: _____

Address: _____

Telephone: () _____

Birth Date: ___/___/_____

Please give the name and numbers of two people to contact in case of an emergency:

Name: _____ Phone Number: () _____

Name: _____ Phone Number: () _____

Known allergies including medicines:

Any special instructions in seeking medical treatment: (such as restrictions due to personal preferences or religious reasons)

