NERO® International, Las Vegas Chapter, Medical History & Emergency Information

NERO® International, Las Vegas Chapter activities, like any active sport, involve a certain risk of injury. In the unlikely event that a participant is injured, NERO® International, Las Vegas Chapter, would like to take the appropriate actions. Please fill out this form completely and legibly. The information on this form is required for admission into any US hospital. The information will be held in strict confidence.

Participant Name (please print): _____

Parent or Legal Guardian (if under 18 years of age) (please print):

_____

Does the participant have any medical conditions that NERO®International, Las Vegas Chapter needs to know about to ensure the participant's safety in the event medical treatment is needed? If yes, please list. Include allergies (including bee stings), adverse reactions to any medical drugs, asthma, diabetes, fainting spells, heart trouble, convulsions, bleeding disorders, or any other problems. (If you have life-vital medicine you may need during an event, it is recommended that you leave a dose with the EMT staff.)

No _____ Yes _____(please explain)

_____

_____

_____

_____

This health history is correct as far as I know, and the person herein has permission to engage in all prescribed activities. In the event I, or the person listed below, cannot be reached in an emergency, I hereby give permission to have 1) NERO®International, Las Vegas Chapter EMTs and/or staff members render first aid, and 2) any physician hospitalize, secure proper anesthesia, or order injection for (participant's name).

_____ (print name)

Signature of Participant (if 18 or older) or Signature of Parent/Legal Guardian (if participant is under 18)

_____ (Signature)

Date:_____

Parent/Legal Guardian Phone Number: (___) _____

In case of emergency contact:

Name:_____

Relationship:_____

Address:_____

Phone: (____) _____

Medical Insurance Information for Participant (Plan or Policy Number):

_____

Family Doctor:_____

Phone: (____) _____

Larp Zone

Digitally signed by LarpZone
DN: cn=LarpZone, c=US, o=LarpZone, ou=NERO International - Las Vegas Chapter, email=larpzone@msn.com
Reason: I am approving this document
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