

*Southern Gospel Convention Singings – The Place to be to Praise and Sing!*

**Medication and Medical History Profile**

**WARNING! This is private information for emergency use only!**

**PLEASE PRINT ALL INFORMATION**

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Emergency Contact/name and phone:** \_\_\_\_\_

**Name of Primary Care Provider:** \_\_\_\_\_

**Circle one: MD DO PA CNP OTHER** \_\_\_\_\_

**Provider Emergency Phone:** \_\_\_\_\_

**Insurance information:** \_\_\_\_\_

**Ins. I.D. No:** \_\_\_\_\_ **Group No:** \_\_\_\_\_

**Pharmacy I.D. No.** \_\_\_\_\_ **Group No:** \_\_\_\_\_

**Chronic Medical conditions: Please list all chronic conditions you are currently taking medication for. Example: ASTHMA, HYPERTENSION, DIABETES, etc.**

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

**ALLERGIES:/Drug/Food/Other:** \_\_\_\_\_

\_\_\_\_\_

**Name of your Pharmacist:** \_\_\_\_\_

**Name of Pharmacy and Phone No:** \_\_\_\_\_

**Chronic Medications you take. Please list anything, Rx or OTC that you take on a regular basis. Please list the name, (brand or generic), the strength, and how many times a day you take your medication.**

**NAME-----STRENGTH-----HOW DO I TAKE IT**

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**Please list any surgeries you have had, as to type and the year performed.**

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**I hereby give authorization to any medical personnel, to use the above information, in case of a medical emergency.**

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**Sign your name and Date it and print your name**

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**Witness signs their name and Date it and print name**

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**Witness signs their name and Date it and print name**