

Starvin' for Justice 2007

15th Annual Fast & Vigil to Abolish the Death Penalty at the U.S. Supreme Court 2008 Medical History Form

Dear Participant,

It's gonna be hot, and you never know what might happen. We seek the following information so that IF you have a medical emergency, we can give the paramedics a little more than, "he/she is a good abolitionist." This information will be held in the strictest of confidence and will only be released to emergency medical personnel in the event that you keel over and need to be carted off. It will be destroyed after the Fast & Vigil concludes. Thanks.

PLEASE WRITE CLEARLY. PLEASE WRITE CLEARLY. PLEASE WRITE CLEARLY.

Emergency contact: Name: _____
Phone #: _____ 2nd Phone# _____

Please complete and sign the following statement:

I AM FASTING: YES _____ NO _____ AGE _____

I am on the following prescribed medications: _____

I have the following allergies (list medications, foods, bites, etc): _____

Please state any medical information a medical practitioner should know about you in an emergency situation (diabetes? epilepsy? Heart condition? Hypertension? Recent surgery?, etc.):

I, _____, plan to participate in the 13th Annual Fast & Vigil to Abolish the Death Penalty at the U.S. Supreme Court. If I am fasting I have read information provided to me about the dangers of fasting. I also understand that there are dangers related to the weather and the fact I am participating in public political advocacy. I believe my physical and mental health is generally good, such that my participation presents no threat to myself or others. I agree to stay aware of my health and to look out for the general health and well being of those around me. Should I need medical attention, I agree to seek it or leave the event. I am age 18 or older. (If younger than 18, legal guardian must sign also.)

SIGNED _____ DATE _____
Legal Guardian _____ DATE _____