Emergency Medical Form

Patient information		
First name: Sanya		**Last name:** Roberts
Preferred name: Sanya		**Patient identifier (if known):** RS1234
Gender: Female		**Preferred pronouns:** She/her
Date of birth: September 10, 1995		**Marital status:** Single
Address: Maple Gardens Street		
City: Savanna	**State:** Maryland	**Zip code:** 9090
Email: sanyaroberts@email.com		**Preferred phone number:** 0000-1890
Emergency contact		
Full name: John Roberts	**Relationship:** Father	**Contact number:** 1234-0000
Full name: Mary Roberts	**Relationship:** Mother	**Contact number:** 0000-1234
Medical information		
Primary care physician: Dr. Jimmy Saw		**Contact number:** 9999-0000
Address: Savanna Hospital		
Please list any medical conditions:		
Narcolepsy Type 1		
Please list any medication:		
Sodium oxybate (Xyrem) twice at night time		
Please list any allergies:		
Bee stings - anaphylaxis Others: Latex, lactose, penicillin		
Additional information:		
Epi-pen is in the front pocket of my bag in case of aanaphylactic shock. My narcoleptic episodes (cataplexy) can look like a seizure but I am conscious and in no immediate danger.		
Emergency medical consent		
I, Sanya Roberts ,consent Summer Camp Inc. authorizing medical care for myself in the event of an emergency.		
Parent or guardian name (if applicable):		**Relationship to patient (if applicable):**
Signature of patient, parent, or guardian: 		**Date:** September 12, 2024