

Caravanas de Mexico Medical Form

Please fill this out for each member of your party, seal it in an envelope with your name on the outside. It will only be opened in an emergency and will be returned to you, unopened at the end of the caravan. This will enable us to deal with any medical emergency.

Name:

Please list all known medical condition that may be life threatening or disabling (heart, diabetes, etc)

Please list all medications you are on

Where do you store your medication in your RV?

Your Doctor, location, phone, email?

Any special instructions, drug allergies, etc?
Your blood type if you know it.

Location of any insurance paperwork

Please list emergency contacts: Names, phone, e-mails

Tell us about any other relevant information