

# C.A.S.T.L.E. Medical Emergency Form

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## C.A.S.T.L.E. Medical Emergency Form

Version 1.5

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

Character Name(s): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact(s):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

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

**Medications:**

Name	Dose	Frequency
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Information:**

\_\_\_\_\_

Please continue on the back if required.