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ROCKY MOUNTAIN BIOLOGICAL LABORATORY Emergency Contact Form

Please fill out this form completely and submit to RMBL.

This information will remain confidential and will only be used in the case of an emergency.

- **Your Name:** _____

Emergency Contact: Please list the person (outside of Gothic) you would like us to contact in the case of an emergency.

Name: _____

Phone: _____

Address: _____

Relation to you: _____

- **Questions:**

Have you had previous problems with altitude sickness? _____ If yes, please explain:

Have you experienced migraine headaches? _____ If yes, please explain:

Are you allergic to any foods, substances, medications, or bee/wasp stings? _____ If yes, please explain:

Do you have asthma or any other lung disorder? _____ If yes, please explain:

Please list all medications/drugs that you are currently using:

- **Conditions:**

List any conditions/instructions that we should be aware of in the case of an emergency: _____

