



East Central Kansas Farm Progress Bus Tour

Health Card- Please Print

ONE CARD PER PERSON

Name: _____ Age: _____ Blood Type: _____

Please list any food or medication allergies: _____

Please list all medications that you are currently taking: _____

Health Insurance Company: _____ Policy Number: _____

Emergency Contact: _____ Relationship: _____

Phone Number (s): _____

Signature: _____

Your Home Phone: _____ Cell Phone: _____

Please return to the Marais des Cygnes Extension District - Paola Office by August 15th.

All information will be kept confidential and only used in case of emergency.



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