



# Reenactor's Medical Card

Carry on person at all times

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

Unit: \_\_\_\_\_ Battalion: \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_

Home: \_\_\_\_\_ At event: \_\_\_\_\_

Address: \_\_\_\_\_

Known Medical Conditions/Disorders/Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_