

Field Analysis of Sustainable Food Systems

*Medical Information Form*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Food allergies? \_\_\_\_\_

Other food requirements or preferences? \_\_\_\_\_

Medical conditions that we should know about in case of an emergency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact in case of an emergency:**

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

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

Relationship: \_\_\_\_\_

Insurance policy (Company, policy number)

\_\_\_\_\_