

**In Case of Emergency, contact / next of kin**

Name \_\_\_\_\_

Home phone number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Work phone number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Allergies \_\_\_\_\_

Medical conditions e.g. heart disease, asthma? \_\_\_\_\_

Medication \_\_\_\_\_

Date/Year of Birth \_\_\_\_\_

Epi Pen carried? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where is this to be found? \_\_\_\_\_

Apiary location & post code \_\_\_\_\_

**ENFIELD & DISTRICT BEEKEEPERS' ASSOCIATION**  
 Founded 1923  
 Affiliated to Federation of Middlesex Beekeepers' Associations  
 and British Beekeepers' Association

**IMPORTANT**

Seek emergency medical treatment if any of the following are experienced after being stung

- Collapse
- Wheezing or difficulty breathing.
- Fast heart rate.
- Dizziness or feeling faint.
- Difficulty swallowing.
- Confusion, anxiety, agitation.
- Swelling or itching anywhere else on the body.
- A skin reaction anywhere else on the body, pale, flushed, red, blotchy
- Nausea, vomiting, diarrhoea
- Headache



**APIARY MEDICAL  
 and  
 CONTACT CARD**

**Please complete and keep in bee suit pocket at apiary meetings**

Name \_\_\_\_\_

BBKA Number \_\_\_\_\_

[enfieldbeekeepers.org.uk](http://enfieldbeekeepers.org.uk)