

EMERGENCY INFORMATION FORM (2016-2017)

(All information will be kept confidential)

Last Name _____	First Name _____
Address _____	
City _____	ST _____ ZIP _____
Home Phone# _____	Cell Phone# _____
Date of Birth _____	
EMERGENCY CONTACT INFORMATION	
Name _____	Relationship _____
Home Phone# _____	Cell Phone# _____
MEDICAL INFORMATION	
Doctor's Name _____	
Doctor's Phone # _____	
Preferred Hospital _____	
Food Allergies _____	
Medicine Allergies _____	
List of Medications Taken Regularly and Dosage _____ _____	
Health Insurance Provider _____	
Policy Number _____	
Provider's Phone Number _____	
<i>Please submit an updated form if listed information changes</i>	

Continued on reverse

Print Full Name: _____

Hold Harmless and Indemnification:

In consideration and acceptance of my participation, I for myself, my executors, administrators and assignees, do hereby release and discharge The Mt. Juliet Senior Activity Center, all sponsors, coordinators and individuals assisting in the coordination of the trips from all claims of damages, demands, actions, whatsoever rising out of my participation in this activity.

I attest and verify that I have full knowledge of the risks involved in this activity and I am physically healthy enough to participate in this activity.

Signature _____

Date _____