

IN CASE OF EMERGENCY FORM

Name: _____

Personal Information

Full Name: _____ Phone: (____) ____ - _____

Address: _____ DOB: ____/____/____

City/State/Zip: _____ Email _____

In Case of Emergency Contact Person

Contact Name: _____ Contact Home #: (____) ____ - _____

Contact Mobile #: (____) ____ - _____ Pharmacy Contact Number: (____) ____ - _____

Directives: _____

Current Medications

- Please be sure to carry your insurance card and ID on you at all times.
- Check your health insurance coverage for "out-of-network coverage" while we are travelling. Inform yourself of what you could be responsible for in the event you would need medical attention.

| Name | Description | Dosage | Purpose |
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Vitamins/ Food Supplements

| Name | Description | Dosage | Purpose |
|------|-------------|--------|---------|
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Known Conditions, Events, and Previous Surgeries

| Date | Event |
|------|-------|
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Current Physicians

| Type | Name | Phone Number |
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- Please attach any pertinent information that may assist medical personnel in the event you need medical attention.
- I agree that this information is true and correct and that this information can be relied upon to assist medical personnel in the event I am unconscious. I give MY Credit Union employees permission to take whatever emergency measures deemed necessary for my care and protection during the participation in an adventure. In case of extreme emergency, I understand I will be transported to the nearest known hospital by local emergency unit for treatment as deemed necessary. Any expenses incurred are my responsibility. I understand that registration for this adventure waives all rights and claims for any and all injuries from whatever cause suffered by participation in adventure-related activities. By participating in this My Credit Union adventure, I automatically accept the Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19. I understand that MY Credit Union is not responsible for lost, stolen or damaged items.

Adventure Club Participant Date