IN CASE OF EMERGENCY FORM

Personal Information

Name: _____ Date of Birth: _____

Street: _____ Apt / Unit: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Pharmacy Contact Number: _____

Directives: _____

Current Medications

- Please be sure to carry your insurance card and photo 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.
- Please attach any pertinent information that may assist medical personnel in the event you need medical attention

Medication	Description	Dosage	Purpose

IN CASE OF EMERGENCY FORM

Vitamins / Supplements

Name	Description	Dosage	Purpose

Known Conditions, Events & Previous Surgeries

Date	Event

Current Physicians

Type	Name	Phone Number

IN CASE OF EMERGENCY FORM

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.

Print Name	Signature	Date Signed