

# MEDICAL AND EMERGENCY CONTACT INFORMATION

## Potomac River Sojourn, July 8-16, 2005

*One form per person - Please make copies*

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Information:

Emergency Contact: \_\_\_\_\_

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

Emergency Contact Phone:

Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Cell (if available): \_\_\_\_\_

Physician: \_\_\_\_\_

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

### Insurance Information:

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

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

### Medical Information:

Overall condition of your health: \_\_\_\_\_

What medications are you taking: \_\_\_\_\_

Do you have any medical conditions or limitations that might affect your participation, such as high blood pressure, epilepsy, or back injuries? \_\_\_\_\_

Are you a swimmer? \_\_\_\_\_

List any allergies (i.e. bee stings, drugs, foods, etc.): \_\_\_\_\_

Do you carry an Epi-pen? \_\_\_\_\_

Any other medical conditions: \_\_\_\_\_

### Certifications:

List current canoeing, swimming, and/or emergency medical certification: \_\_\_\_\_

Are you willing to serve as an auxiliary safety officer/trip leader?      Yes      No

If Yes, please state experience: \_\_\_\_\_

I hereby agree to abide by all rules and policies of the Potomac River Sojourn and recognize that I may be prohibited from activities if I fail to comply with the rules and policies. I authorize the Alliance for the Chesapeake Bay, Interstate Commission on the Potomac River Basin, River & Trail Outfitters, and any other Potomac River Sojourn Planning Committee members to obtain emergency medical treatment, if necessary, for me.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Signature of parent/guardian if participant is under 18

\_\_\_\_\_  
Date