

Health Information and Emergency Information

1. Please fill out accurately. **Please print neatly.**
2. Place in envelope and seal it. Label envelope with your first & last name on the outside.
3. Give to Bus Mom when boarding the coach. **You cannot attend without this.**
If not used during the trip, you will get it back unopened. This information is confidential to anyone but the medical staff you may have to encounter.

Name _____

Address _____

City _____ State _____ Zip _____

Emergency Contact Person

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Significant medical issues _____

Significant allergies _____

Current medications and supplements. Attach separate sheet if need be.

Hospital and Clinic of Record _____

Primary Physician _____ Phone _____

Insurance Company _____ Policy/ID # _____

Emergency Authorization: I give my permission to a local physician to hospitalize, treat, order injections, administer anesthesia or surgery if the contact person cannot be reached.

Signature _____ Date _____

Medical costs incurred while on this event are the sole responsibility of the Participant. Participant assumes all risk and expense related to accidental injury. Lucky Quilt Company, Inc. and staff cannot be held liable for any expense or litigation as a result of this event.

Signature _____ Date _____