

Health Information and Emergency Authorization

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Person: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Significant medical history (i.e. asthma, diabetes, heart condition, recent surgeries, etc.):

Significant allergies to medications or foods:

Current medications:

Hospital/Clinic of record: _____

Physician: _____ Phone: _____

Insurance Company: _____ Policy or Group #: _____

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

Signature: _____ Date: _____

Medical costs incurred while participating in this event are the sole responsibility of the participant. Participant assumes all risk and expense related to accidental injury. Quilters Quest and staff cannot be held liable for any expense or litigation as a result of this event.

Signature: _____ Date: _____

Please place this form in a sealed envelope labeled with your name. It will be confidentially held by the bus chaperone and will be returned to you upon completion of the event.