

VWCCOA Bus Trips Emergency Contact Form – Year: _____

Thank you for providing this information, which will receive the fullest measure of confidentiality. If information needs updated contact the Council on Aging.

Name: _____

Address: _____

Phone number: _____

In the event that I am involved in a medical emergency, please contact the following person(s):

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

In case of emergency, do you provide permission for us to contact your emergency contacts and provide information regarding the emergency (please initial yes or no):

YES NO

Do you have any medical condition or are you taking any medications of which we should be aware of in the event of an emergency?

Are you allergic to any medication, food, or insects? YES NO (if yes please list)

In case of emergency, do you provide permission for us to provide this information to the medical provider (please initial yes or no). *It is the consumer's responsibility to notify the VWCCOA to changes in pertinent medical information and changes to your emergency contact.*

YES NO Signature: _____ Date: _____

This release will expire on December 31 of the year it was signed