

***VWCCOA Bus Trips Emergency Contact Form – Year: 2021***

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)

Have you had a Covid 19 Vaccine?  YES  NO

I understand that I will be required to wear a mask and will need to follow other CDC and State mandates that may be in place regarding COVID 19.  YES

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: \_\_\_\_\_

