

# CASCADIA WILD VOLUNTEER EMERGENCY/MEDICAL INFORMATION FORM

## 1. PARTICIPANT NAME (YOUR NAME)

## 2. EMERGENCY CONTACT INFORMATION

a. Emergency Contact Name #1:

Emergency Contact Number #1:

b. Emergency Contact Name #2:

Emergency Contact Number #2:

## 3. MEDICAL CONDITION DISCLOSURE

a. Do you have any medical conditions (i.e. important medication, recent injury or surgery) that may affect you in the field?

b. Please explain:

## 4. HEALTH INSURANCE INFORMATION

a. Health Insurance Provider (or none):

b. Group or Policy Number:

c. Preferred Hospital in case of emergency:

## 5. JHA REVIEW/AGREEMENT (please read):

At the beginning of each survey date, each participant reviews and signs the Job Hazard Analysis Agreement. The JHA was drafted in cooperation with the Mt Hood Forest Service. By signing the JHA, each participant acknowledges understanding of potential safety hazards. Volunteers who have signed the JHA "are considered Federal Employees for the purpose of tort claims and compensation for work injuries to the extent not covered by Cascadia Wild." This means that you will be covered under Worker's Compensation after signing the JHA.

## 6. STATEMENT OF IMPLIED CONSENT (please read):

In the event of an accident, injury, or other life-threatening emergency medical situation, Cascadia Wild and the USFS will take whatever steps necessary to evacuate the injured person from the field. By signing the JHA (Job Hazard Analysis) at the beginning of each field survey, consent is implied.