

CASCADIA WILD VOLUNTEER EMERGENCY/MEDICAL INFORMATION FORM

1. PARTICIPANT NAME (YOUR NAME)

2. EMERGENCY CONTACT INFORMATION

Emergency Contact #1:

Name:

Phone number:

Emergency Contact #2:

Name:

Phone number:

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. If so, please explain:

4. HEALTH INSURANCE INFORMATION

Health Insurance Provider and Preferred Hospital in case of emergency:

5. STATEMENT OF IMPLIED CONSENT

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 this form, consent is implied.

Signature of participant _____

Signature of Guardian (in case of minor or vulnerable adult) _____