
EMERGENCY MEDICAL FORM

In the event a serious medical emergency occurs, care will be provided by the nearest local medical facility.

Please provide us with the following information as well as any additional information which would be appropriate for medical professionals to know in the event of an emergency.

Name: _____

Field Trip/Event: _____

TU Event Coordinator: _____

Emergency Contact: _____

Relationship: _____

Phone number: _____

Alternate phone number: _____

Allergies (food or drug): _____

Date of last tetanus: _____

Medical Conditions: _____

Medications that might affect
your health during this event: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

For water events:

Can you swim at least 25 yards? Yes ___ No ___

How experienced of a swimmer are you? _____

Special assistance required
and any other information: _____

I AUTHORIZE THE EVENT COORDINATOR TO ARRANGE FOR MY
TRANSPORTATION AND IMMEDIATE MEDICAL CARE IN THE EVENT OF AN
EMERGENCY.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING:

(Signature of Participant)

Date signed

(Signature of Parent/ Guardian if Participant is a minor)

Date signed