



RECOMMENDED HEALTH-CARE POLICIES FOR GROUPS

We recommend that groups collect health & emergency contact information from members in case of medical emergencies. Below is a sample form with some of the information you may wish to collect for the safety of your group.

NAME: _____ DOB: _____

ADDRESS: _____ CITY: _____ STATE: _____

EMERGENCY CONTACT: _____ PHONE: () _____

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PLEASE LIST ANY HEALTH RESTRICTIONS/KNOWN ALLERGIES/ & PREVIOUS SERIOUS MEDICAL CONDITIONS:

PLEASE LIST ANY PERSONAL RESTRICTIONS:

PERMISSION TO TREAT (for parents of minors):

I, as the parent of a minor child, give permission for my child to receive first aid from the group provider. I understand that if my child requires medical attention beyond first aid, my child may be transported to the nearest medical facility by a designated group member.

In the case of extreme injury, I also understand that my child may be transported by Helicopter or EMS Services to a nearby medical facility.

Parent Signature _____ Date _____

Printed _____ Witness _____ Date _____