



Participant's Medical Information 2020

Trip Participants: This form must be completed by everyone attending the trip. Please complete and return to Oxford Township Parks & Recreation prior to trip departure.

Name of Organization/Group you are traveling with Oxford Township Parks & Recreation/Charter Twp. Of Oxford
Please print clearly

Name _____ Date of Birth _____

Address _____ City _____ State _____

Phone (____) _____

In case of emergency, whom should we contact?

Name _____ Relationship to you _____

Phone () _____

In case they are not available, please give us a second contact person.

Name _____ Relationship to you _____

Phone () _____

Your medical information

Physician's Name _____ Phone () _____

Name of Medical Insurance _____ (If none, please indicate)

List all medications you use _____

List any allergies _____

List any medical conditions _____

I agree that this information may be used only in the event of an emergency and that the leaders associated with Oxford Township Parks & Recreation and Charter Township of Oxford program may be informed of my medical information in the event that I seek treatment while engaged in the program.

Signature _____

Date _____

TRIP LEADER: