



## Participant's Medical Information 2022

**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, 2795 Seymour Lake Rd. Oxford, MI 48371.*

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: