



Oxford Participant's Emergency Contact Information

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.

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 you would like you make us aware of:

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/Independence Senior Center program may be informed of my medical information if I seek treatment while engaged in the program.

Signature _____

Date _____