

mParks Grand Experience 2021 Participant's Medical Information

Trip Participants: This form must be completed by everyone attending the trip. Please complete and return to your trip coordinator.

Name of Organization/Group you are traveling with Midland Parks and Recreation

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 the mParks Grand Experience program may be informed of my medical information in the event that I seek treatment while engaged in the program.

Signature _____

Date _____