

Alliance CT

Medical History & Emergency Information

Alliance CT activities, like any active sport, involve a certain risk of injury. In the unlikely event that a participant is injured, Alliance CT would like to take the appropriate actions. Please fill out this form completely and legibly. The information on this form is required for admission into any US hospital. The information will be held in strict confidence.

Participant Name (Print): _____

Does the participant have any medical conditions that Alliance CT needs to know about to ensure the participant's safety in the event medical treatment is needed? If Yes, please list. Include allergies (including bee stings), adverse reactions to any medical drugs, asthma, diabetes, fainting spells, heart trouble, convulsions, bleeding disorders, or any other problems. (If you have life-vital medicine you may need during an event, it is recommended that you leave a dose with the EMT staff.)

No ___ Yes ___ (Please Explain)

This health history is correct as far as I know, and the person herein has permission to engage in all prescribed activities. In the event I, or the person listed below, cannot be reached in an emergency, I hereby give permission to have:

- 1) Alliance CT EMT's and/or staff members render first aid, and
- 2) Any physician hospitalize, secure proper anesthesia, or order injection for (Participant's Name).

Signature of Participant (if 18 or older) or signature of Parent/Legal Guardian (if Participant is under 18)

Name (Print): _____
Signature: _____ Date: _____
Phone Number: _____

In case of Emergency contact:

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____