

**ALBERTA PALAEONTOLOGICAL SOCIETY
FIELD TRIP PARTICIPANT
MEDICAL AND EMERGENCY CONTACT INFORMATION**

Name:

Emergency Contact Person:

Relationship of Emergency Contact Person:

Emergency Contact Phone Number(s):

Emergency Contact Address:

Citizenship:

Gender:

Medicare/Health Insurance Number:

Family Doctor's Name:

Medical conditions/information (Health Concerns, Medications, Physical Limitations and/or Allergies) that should be communicated to a doctor in the event of an emergency:

I understand that every effort will be made to contact the emergency contact person in the event of an emergency. In an emergency requiring medical attention, I hereby authorize any physician, hospital or other healthcare provider to give such attention. I also hereby give permission for the transport to/from a doctor and/or hospital by a chaperone or ambulance.

I do hereby release, discharge, and hold harmless the Alberta Palaeontological Society from any and all liability and claim I or person(s) under my guardianship may suffer as a result of emergency treatment and/or transportation. I am aware that non-medical chaperones may be administering medical attention in the event of an emergency.

Signature of Participant: _____ Date: _____