



If you are taking multiple trips this quarter you may complete the form one time, then you must verify that all the information is correct for each trip by initialing beside the next trip you are taking **no later than a week prior to the trip** or you may complete a new form for each trip.

Date _____	Initials _____	Date _____	Initials _____
Date _____	Initials _____	Date _____	Initials _____
Date _____	Initials _____	Date _____	Initials _____
Date _____	Initials _____	Date _____	Initials _____
Date _____	Initials _____	Date _____	Initials _____

Travel Release and Emergency Contact Information Form

All information must be completed.

Traveler Name _____
 Traveler Cell # _____
 Traveler Home # _____

This is mandatory information and must be completed in its entirety.

Emergency Contact _____
 Relationship _____
 Contact Cell / Work # _____
 Contact Home # _____

This is mandatory information and must be completed in its entirety.

Traveler's Doctor Name _____
 Practice Name _____
 Doctor Office # _____
 Pharmacy Name _____
 Pharmacy # _____

Traveler's Insurance _____
 Policy Number _____
 Subscriber Number _____
 Insurance Phone # _____

Where do you keep your medicines when you travel? (pocket, purse, waist pouch, etc.)

List medications

(Include dosage (mg, ml, etc) and frequency 1x/day, 3x/day, etc)

List medical conditions that staff or EMS should know about *(Diabetes, HBP, COPD, etc)*

List any allergies

(Include medicine, food, or other substances such as latex, etc)



Do you have any special needs that may affect your participation with this Senior Action Trip?

Do you utilize any mobility devices (i.e., cane, walker, wheelchair, etc.) If so please document which device you use and will have with you.

I confirm that I am able to care for myself and personal needs while participating in this program, or if a personal care aide/attendant is required, he or she is also a paying participant on this trip and will attend to my needs as necessary.

Signature: _____ Date: _____

Do you have a personal care aide/attendant that is traveling with you?

If so, please provide name and contact information:

Personal Care Aide/Attendant Name: _____

Personal Care Aide/Attendant Cell phone number: _____

PARTICIPANT'S TRAVEL WAIVER AND RELEASE:

I have requested Senior Action, Inc. allow me to participate in _____. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following:

I understand that my participation in this activity can expose me to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge Senior Action, Inc. its officers, agents, employees and volunteers from any and all claims or liability for personal injury or property damage I may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release and hereby release Senior Action, Inc. and the officers, agents, employees and volunteers of the organization for any negligence of the organization, or its officers, agents, employees or volunteers.

At the time of the trip, I have no health related reasons or problems that restrict my participation. I hereby give permission to the medical personnel selected by Senior Action, Inc. or its designee to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me to a medical facility should it be deemed necessary. In the event my emergency contact can not be reached in an emergency, I hereby give permission to the physician selected by the Senior Action representative to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips provided by Senior Action, Inc. I agree to pay all expenses relating to such decisions and release Senior Action and its employees and volunteers from any liability for any such actions.

I have read this waiver and release carefully, asked for clarification where needed, and I am signing it voluntarily.

Signature: _____ **Date:** _____

Personal Aide/Attendant: I acknowledge that I have read the Release Waiver, Assumption of Risk and Indemnity Agreement and sign it on behalf of the participant with full knowledge and understanding of its contents.

Signature: _____ **Date:** _____

Senior Action agrees to hold confidential all information on this form, except as is needed for medical care or attention.