

Federal Way Senior Center Trip Waiver

Last Name	First Name
Address	
City	Zip
Home Phone	Cell Phone
Birth Date	

Emergency Contact Information

Name of Emergency Contact	Relationship
Phone Number	Preferred Hospital

Medical Information

Doctor's Name	Phone
List any medical conditions or concerns	
List allergies	
List Medications	

Medical Treatment

In the event that I am injured or ill, I hereby give permission to be given emergency treatment (including First Aid and CPR by a qualified person). I also give permission to be transported by ambulance, treated by emergency personnel, and/or transported to an emergency center for treatment. I further authorize and consent to the medical, surgical and hospital care treatment and procedures to be performed by licensed medical personnel or hospital selected by the Associate Director or Designee (if the preferred hospital listed is not reasonably accessible) when deemed immediately necessary or advisable by the physician to safeguard my health.

Signature	Date
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