



## Medical Release Waiver

I (your name) \_\_\_\_\_ understand that I will be participating in a service work program and may be subject to risks and dangers, injury or illness which may occur in places which may, at times, be distant from medical personnel and facilities.

If any injury or illness occurs while serving with PCEI AmeriCorps programs, I consent that first aid, medical, dental, surgical treatment or other arrangements that may be necessary in connection with such injury or illness, can be administered and undertaken and will be under the control and responsibility of such persons, medical or dental personnel or facilities as are then available in the area and to which I am referred by PCEI AmeriCorps programs or its representatives.

**Member's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Person to be contacted in the event of an emergency:

#### *Primary Contact*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### *Alternate Contact*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell/Work Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

### Important Medical Information for Emergency Officials:

Are you currently under a physician's care for a medical condition?  No  Yes

If yes, what is the condition?

Are you currently taking any prescription medications?  No  Yes

If yes, please list:

Do you have any allergies?  No  Yes

If yes, please list:

**Please explain any other factors we should know about in case of an emergency:**

**FOR EMERGENCY USE ONLY**