PENDER ADULT SERVICES, INC.

Pender Adult Services' Travel Club

Name: _____

Phone: _____

Cell: _____

Email: _____

Today's Date: _____

Medical Information Form

PLEASE PRINT CLEARLY

Pender Adult Services, Inc. is committed to providing safe and healthy travel opportunities for older adults. However, we recognize the possibility of accidents and/or emergency medical situations that may arise. This form must be completed and sent with the final payment. Thank you!!

Do you: Have trouble hearing? Yes No

Wear a hearing aid? Yes No

Wear eye glasses? Yes No

Wear contact lenses? Yes No

List the names of all medications you are currently taking: _____

_____

_____

_____

_____

_____

-

(Please prepare a current list of medications on a 3/5 card and carry it with you)

List all specific medical conditions that you have:_____

_____

_____

List all allergies that you have (medicines, food, etc.):_____

_____

_____

Name of your personal Physician:_____ Phone:( )_____

Emergency Contacts: (Required)

Name:_____ Relationship: _____ Phone: ( )_____

Name:_____ Relationship: _____ Phone: ( )_____

*Please notify us immediately when/if your medical condition and/or medications change. This document will be kept on file until it is updated by the participant.

Please sign waiver on the back

Updated 12/28/2017

Pender Adult Services, Inc. Travel Club

Waiver and Release of Liability

I,_____ have chosen to participate in the Pender Adult Services' Travel Club program. This program is being sponsored by Pender Adult Services, Inc. I understand that Pender Adult Services, Inc. will not assume any responsibility for personal injury or property damage that I may incur as a result of my participation in this trip, and I hereby release Pender Adult Services, Inc. from any such potential or actual liability.

This information is accurate and complete to the best of my knowledge. I grant any representative of the Pender Adult Services, Inc. and/or their assigned agent permission to authorize any treatment deemed necessary for any condition arising during our trip, including medical and/or surgical treatment as recommended by a Medical Doctor in the event that my Emergency Contact(s) and/or personal doctor cannot be reached.

I have read the Waiver and Release of Liability and understand the terms and conditions listed above. I agree to these terms and conditions and voluntarily offer my signature.

Printed Name:_____ Signature: _____ Date:_____

-end-

Updated 12/28/2017