Student Emergency Contact / Medical Conditions

**Name: \_\_\_\_**

**Emergency Contact:**

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Significant medical conditions that I want couse leaders to know about:**

 None Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications carried that I want couse leaders to know about:**

 None Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Use of the above information:**

 I authorize Everett Mountaineers to disclose the above health-related information to health care workers if I am unable.

 I authorize Everett Mountaineers to disclose the above health-related information to my emergency contact if I am unable.

 I do NOT authorize Everett Mountaineers to disclose the above health-related information to health care workers or my emergency contact.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Signature Date