



**New Kingstown Fire Company
W.A.C.K.E.R.S. Weekend
Emergency Information Form**

Participant Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Relationship: _____

Home Phone #: _____

Cell Phone #: _____

Emergency Contact: _____

Relationship: _____

(someone other than above)

Home Phone #: _____

Cell Phone #: _____

Medical History:

Allergies:

Medical Conditions:

Physical Limitations:

Medications: (Please include Name of Medication, dosage, and time taken)

Time:	Medication Name:	Dosage:	Time:	Medication Name:	Dosage:

I give my permission to the New Kingstown Fire Company Emergency Medical Technicians to dispense the over-the-counter medications initialed below to my son/daughter _____, who is participating in W.A.C.K.E.R.S Weekend Activities 2017

_____ Tylenol /
Acetaminophen
_____ TUMS / Antacids

_____ Advil /
Ibuprofen
_____ Other Specified Medication

Hospital Choice: _____

Medical Insurance Provider Name: _____

Group Number: _____

Policy Number: _____

Policy Holder's Name: _____

I hereby give my permission for my son/daughter _____ to participate in the W.A.C.K.E.R.S. weekend. I realize that there are some risks involved with him/her participating in activities associated with this weekend and do not hold the New Kingstown Fire Company or its members responsible. I also give the New Kingstown Fire Company EMT's permission to seek immediate medical attention for my son/daughter in the event that an injury may occur and I can not be reached.

Signature: _____

Relationship to participant: _____

Printed Name: _____