



# RESTON COMMUNITY CENTER EMERGENCY CONTACT FORM



**TRIP DESTINATION:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street/Apt #

Town/City

State

Zip

Home Phone: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

## FIRST EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address: \_\_\_\_\_

Street/Apt #

Town/City

State

Zip

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## PHYSICIAN / MEDICAL CARE PROVIDER

Name of Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Health Insurance Provider \_\_\_\_\_

Provider's Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## MEDICAL HISTORY

In case of Emergency, please list any medical conditions and/or medications you are currently taking that an attending physician should be aware of: \_\_\_\_\_

**AUTHORIZATION:** I give permission to the physician selected by the Reston Community Center to secure the administration of necessary medical treatment in case of an emergency. I also understand that any medical expenses incurred will be billed directly to my insurance company. In case of emergency, the Reston Community Center will use the closest available emergency facility.

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

By my signature below, I hold the Reston Community Center, the Governing Board of the Center, the Fairfax County Board of Supervisors, the Employees of the Center and the volunteers, harmless from any and all liability for damages or harm arising from my participation in this program. I acknowledge that under Virginia law, the County, its agencies and, to a lesser extent, its employees, are immune from liability arising from legal suits based on tortious injury. Finally, I have been advised to carry my own insurance.

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