

# Emergency Medical Form

(Please Print)

Please complete any areas that may apply, as a student or if you are traveling alone.

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name	Home Phone	Work Phone	Cell Phone	May we contact in an emergency? ___ Yes ___ No
Father/Guardian				___ Yes ___ No
Mother/Guardian				___ Yes ___ No

Please provide the names of two other relatives or friends that can be contacted in an emergency if the above are not available

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Medical Coverage Carrier \_\_\_\_\_ Phone \_\_\_\_\_

Group # \_\_\_\_\_ Medical ID # \_\_\_\_\_

Complete billing address \_\_\_\_\_  
\_\_\_\_\_

Dentist/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Dental coverage \_\_\_\_\_ Dental ID# \_\_\_\_\_

Please describe any health conditions that could result in an emergency or that are important that we are aware of. Also, please detail any current medical condition that may occur during the tour.

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies we should be aware of and any treatment needed

\_\_\_\_\_  
\_\_\_\_\_

Are there any other disabilities or impairments we should be aware of in order to plan for your needs?

(Please note that some sites are not ADA compatible so advance notice will be needed to ensure your participation in all activities)

Please list any medications you/your child will be bringing including over the counter medications

Name of Medicine	How often taken

## RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of the opportunity to participate in the "Returning to the Roots of Civil Rights Bus Tour" being sponsored by PNC Financial Services, Highmark, and The Common Ground Project, I hereby agree to release, indemnify, and hold harmless PNC Financial Services, Highmark, and The Common Ground Project and all its officers, administrators, agents, and employees from any and all liability for any injury or loss, and all claims, demands, and actions at law or in equity that may hereafter at any time be brought by me, or anyone acting on behalf of me, for the purpose of enforcing a claim for damages because of any injury (including death) or damage resulting from or in any way related to participation in the aforesaid program or any related activities.

I hereby acknowledge and agree that in the event of any injury, I will apply my medical and/or accident insurance toward the payment of any expenses incurred and will not look to PNC Financial Services, Highmark, or The Common Ground Project for the payment of any medical or injury related expenses.

I have read the above and release and hold harmless agreement, I understand the same, and I agree to be legally bound by all of the terms stated therein.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature) Parent/ Guardian (If signing on behalf of your child)

\_\_\_\_\_  
(Name of Parent/Guardian)/Name of Child

\_\_\_\_\_  
(Date)