

RPT VOLUNTEER EMERGENCY/MEDICAL INFORMATION FORM

1. PARTICIPANT/VOLUNTEER NAME (YOUR NAME): _____

2. EMERGENCY CONTACT INFORMATION

Emergency Contact Name and Relationship to Volunteer : _____

Emergency Contact Number #1: _____

Emergency Contact Name and Relationship to Volunteer: _____

Emergency Contact Number #2: _____

3. MEDICAL CONDITION DISCLOSURE

a) Do you have any medical conditions (i.e. important medication, recent injury or surgery, allergies) that may affect you in the field? _____

b) If yes, please explain:

4. HEALTH INSURANCE INFORMATION

a) Health Insurance Provider (or none):

b) Group or Policy Number: _____

STATEMENT OF IMPLIED CONSENT (please read):

In the event of an accident, injury, or other life-threatening emergency medical situation, Reserva Playa Tortuga and its staff will take whatever steps necessary to evacuate the injured person from the field. By signing the Reserva Playa Tortuga Waiver at the beginning of each field survey, consent is implied.

Volunteer's Signature: _____

Date: _____

Witness Signature: _____

Date: _____