



Medical Information & Emergency Contact Form

1. Participant Details

• Full Name: _____

• Date of Birth: _____

• Address: _____

• Phone Number: _____

• Email: _____

2. Emergency Contact

• Name: _____

• Relationship: _____

• Phone Number: _____

3. Medical Information

• Medical Conditions (e.g. asthma, diabetes, heart conditions): _____

• Medications (include dosage/frequency): _____

• Allergies (food, medication, environmental): _____

• Other relevant health information: _____

4. Consent for Emergency Medical Assistance

I understand that in the event of a medical emergency during MI Care activities, staff or volunteers may arrange medical treatment, including ambulance transport, if required. I consent to this action and accept responsibility for any associated costs.

Participant Signature: _____

Date: _____

5. Privacy Acknowledgment

I acknowledge that the information provided will be stored securely by MI Care and used only for program administration and participant safety. It will not be shared without my consent, except as required by law.

I agree to the privacy terms.

6. For MI Care Use

• Program/Activity Name: _____

• Date/Session: _____

• Staff Initials: _____