



Medical – Emergency Information

DIABLO JAPANESE AMERICAN CLUB

3165 Treat Boulevard ♦ Concord, CA 94518-2722 ♦ Phone: 925.682.5299

Instructions: Any activities of a physical nature that have the potential to cause bodily injury require the submission of this **Medical – Emergency Information** form - prior to engaging in any such activities at the JA Club. If participant is a minor (under 18) or dependent, this form must be completed by a parent or legal guardian. Please complete this form and return to the Affiliated Club.

Participant Information Information related to person actually participating in JA Club activity or event

Participant Name <i>(please print)</i>	D.O.B. <i>(mm/dd/yy)</i>	Age	Sex	Grade
Affiliated Club Name(s) / Activity		Activity Date(s) – <i>(from/to)</i>		

Family and Emergency Information Medical, insurance and critical contact information

Parent/Guardian Name <i>(if participant a minor)</i>		Relationship <i>(Mother/Father/Self/etc.)</i>	
Address <i>(street, city, state, zip)</i>			
Home Phone	Work/Cell Phone	Health Insurer	Group/Policy Number
Physician Name	Physician Phone	Participant - List Any Allergies/Med Alert(s)	

Emergency Contact In case of emergency, when parent/guardian cannot be reached, the following person should be notified

Emergency Contact Name	Contact Phone	Relationship to Participant
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Consent for Medical Treatment

In the event of emergency accident or illness, I authorize the **Japanese American Religious & Cultural Center (JARCC)**, the **Diablo Japanese American Club (JA Club)** and its affiliated clubs (collectively as “CLUBS”), other participants or bystanders to request assistance from 911 Emergency Services and consent to any emergency treatment which is necessary to preserve life, limb or well-being. It is understood that I will be personally responsible for all costs of involved treatment, including necessary ambulance transport and any medical care received.

Participant Signature
Parent/Legal Guardian if participant a minor/dependent

Print Name

Date

Relationship to Minor/Dependent Participant