Totally outRIGHT Emergency Information Form

Version: March 20, 2014

Any information provided in this form is confidential to Totally outRIGHT program staff, supervisors, and volunteers. This information will be shredded when the program ends.

We need the following information from you because you will be spending quite some time with us during the program. In case anything should happen over the four Saturdays and we need to call emergency services, it is important to have this information.

| Participant Name: | |
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| Do you have any allergies or medical concern(s) that we should be aware of? | |
| ☐ Yes ☐ No | |
| Please list any medications you maybe currently taking or other medical information that we should be aware of: | |
| \square None: Please check if applicable, otherwise provide any necessary medical | |
| information in the space below. | |
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| ☐ Alternative Option: Please check this option if you would prefer to not | |
| identify any medications or medical conditions with us. If you choose this | |
| option, we ask that you have a list of any medications and other medical | |
| information in your right front pocket so that we can direct emergency services to look there first if they are called to the scene to assist you. | |
| Please provide details of at least one person that we can contact in case of a medical emergency. | |
| Contact #1 | |
| Name: | |
| Phone Number(s): | |

| this emerger | thing we should not mention specifically about you when we talk to ncy contact? (For example: your sexual orientation, how you erms of gender, the name you use with us, or the nature of the IGHT program?) |
|------------------|--|
| ☐ Yes | □ No |
| Please descr | ibe what information we should keep confidential from Contact #1: |
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| | |
| Contact #2 Name: | |
| Phone Numb | per(s): |
| this emerger | thing we should not mention specifically about you when we talk to not contact? (For example: your sexual orientation, how you erms of gender, the name you use with us, or the nature of the IGHT program?) |
| ☐ Yes | □ No |
| Please descr | ibe what we should keep confidential from Contact #2: |
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| Other Impor | tant Info: |
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