

HELPING HANDS, INC 2019
SOCIALIZATION/RECREATION PROGRAM
EMERGENCY SHEET FOR VACATION TRIPS

-Name of Participant:

-Age:

-Date of Birth:

-Social Security Number:

-Home address:

-Home Telephone Number:

-Participants Cell Phone Number (if applicable):

-Family/Caregiver Cell Phone Number(s) to be used for the trip:

-Other Emergency Contact Information for usage during the trip:

Name _____

Phone Number _____

Relationship _____

-Primary Physician's Name and Phone Number:

-Insurance Information- (Policy Numbers, Insurance Co Name, etc.)

-Any known allergies:

-Is the participant permitted to have alcohol? If yes, does he/she have a limit?

-Are there any activity limitations?

-Will traveler have any medical equipment/supplies? (Glasses, hearing aids, CPAP machine, etc.)

-Any other Medical Information (Seizure Disorder, Diabetes, Dietary Restrictions, Ambulation Information, Abnormal Sleeping Patterns, Extra Sensitivity to Sun, etc...)

-Any noted fears: (thunderstorms, darkness, heights, loud noises, etc...)

**PLEASE LIST ALL CURRENT MEDICATIONS AND INSTRUCTIONS ON THE
REVERSE OF THIS PAGE.....**

