

**USM Senior College at Lewiston-Auburn College
Day Excursions - MEDICAL EMERGENCY CONTACT**

Club: ***THE OUTSIDERS; MONTHLY DINE AROUND CLUB; OR OUTDOOR ADVENTURE CLUB (Please circle the club that applies)***

September 1, 2019 to August 31, 2020

Date of signature: _____

Trip Leader: _____

In order to be prepared in the event of a medical emergency, for each individual on this trip the Trip Leader needs to have the name and a phone number of a contact person. Should there be such an event on this trip, we will first call 911 to provide quick and professional medical assistance. Depending on the nature of the emergency, the trip may have to continue without you, and the contact person may be asked to assume responsibility. **PLEASE GIVE A NAME & # OF SOMEONE LOCAL AND NOT SOMEONE ON THE TRIP WITH YOU.** Someone on the trip with you may not be able to get you home nor will someone who resides out of state. Thank you.

Your Name: _____

Contact Person: _____

Contact Person's Phone #: _____

Your Signature: _____

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