



Grand Forks Senior Center  
620 4th Avenue South  
Grand Forks, ND 58201  
(701) 772-7245; www.gfseniorcenter.org

## Emergency Information Form

Please fill out the following form as complete as possible. We appreciate your sharing of this information in case it is needed. It will be shredded after the trip is complete. Thank you.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Street: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # (Landline): \_\_\_\_\_

Telephone # (Cell): \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list medication allergies: \_\_\_\_\_

Please list name and address of contact person in case of an emergency:

Emergency Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Street: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # (Landline): \_\_\_\_\_

Telephone # (Cell): \_\_\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Agency Responsibility: In all matters relating to the making of arrangements for lodging, sightseeing, entertainment, transportation or other travel matters, The Grand Forks Senior Center (GFSC) will act only in the capacity of agent for the suppliers of such services. The GFSC maintains no control over personnel, equipment, or the operations of such suppliers, and cannot assume responsibility for and cannot be held liable for any injury, damage, or loss occasioned by any act or omission on the part of any of the suppliers or any other party not under the control of the GFSC.

I have read the above statement and understand the statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_