

WAARC

EMERGENCY INFORMATION SHEET

NAME: _____ DOB: _____

ADDRESS: _____

EMERGENCY CONTACT: _____

MED.HISTORY: _____

ALLERGIES/MEDICATION/FOODS: _____

PRESCRIBED/OVER THE COUNTER MEDICATIONS

USED: _____

_____ (USE BACK OF PAGE IF NEEDED)

PRIMARY DOCTOR: _____

----- FOR EMS USE ONLY -----

VITALS

BP: PULSE: RESPS: SP02: SKIN:

PUPILS: TEMP: MEDS/INTERVENTIONS: _____

CHIEF COMPLAINT/INJURY:

MEDICAL EMERGENCY INFORMATION AUTHORIZATION FORM

I, _____ hereby authorize Washington Area Amateur Radio Club, Inc. (WAARC, Inc.) and its agents to release to emergency medical services or health care facility my personal health information maintained by WAARC, Inc., for the purpose of administering emergency medical treatment.

I understand that my personal health information may be subject to re-disclosure by the person or organization identified above .

This authorization is valid from the date of my signature below and shall expire one year from this date.

I understand that I have a right to revoke this authorization by providing written notice to WAARC, Inc. However, this authorization may not be revoked if WAARC, Inc. or its agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization.

I further understand that this authorization is voluntary and that I may refuse to sign this authorization.

Name of Member: _____

Signature of Member: _____

Date: _____



**Washington Area Amateur Radio Club, inc.
An ARRL Affiliated Club
WAARC, inc. is a 501(C)(3) non-profit
organization**

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed.
Please review it carefully.

Your Rights

You have the right to:

- Correct your personal health information
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Our Uses and Disclosures

We may use and share your information as we:

- Inform EMS or other medical organization if you need emergency care
- Comply with the law
- Respond to lawsuits and legal actions

Handling of your information

We will keep your sealed information separately from all other paperwork and it is to be re-authorized, replaced by you, or shredded unopened one year from the date of your last authorization.