



**Parks and Recreation Transportation Program
"Woodhaven on Wheels"
734-231-6987 or 734-675-4926**

SENIOR/DISABLED APPLICATION/EMERGENCY MEDICAL ID FORM

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ **PHONE #:** _____

IN CASE OF EMERGENCY NOTIFY: _____

NAME: _____ **PHONE #:** _____

ADDRESS: _____

DOCTOR'S

NAME: _____ **PHONE #:** _____

PLEASE LIST ANY HEALTH PROBLEMS/CONDITIONS THAT YOU HAVE:

PLEASE LIST ANY MEDICATIONS THAT YOU ARE CURRENTLY TAKING.

DO YOU HAVE ANY DRUG ALLERGIES AND/OR SENSITIVITIES?

Please check the statement(s) that pertain to you:

- I am age 62 or older and able to drive.
- I am age 62 or older and unable to drive.
- I am confined to a wheelchair.
- I am under age 62, disabled and unable to drive due to medical reasons.

***If you check this option, you must send documentation from your health care provider stating that you have a disability that causes you to be unable to drive.**

I am unable to travel unassisted and must bring a caregiver/companion with me.

***The caregiver/companion must complete a medical ID form.**

In the event of an emergency, I hereby give the holder of this information to seek the proper medical attention. In consideration of the acceptance of my registration in the above program/trip, I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or which hereafter accrue to me against all municipalities, special districts, and properties through which the program/trip will be held or its or their respective officers, instructors, administrators, successors, and/or assign for any and all damages which may be sustained or suffered by me in connection with my said association with the above program/trip and my participation therein. I further represent that I am in good physical condition and have no disability or ailment that will prevent me from engaging in the activity for which I am registered.

SIGNATURE

DATE