



IF YOU ARE ATTENDING ANY FRIENDSHIP CIRCLE EVENT THAT REQUIRES TRANSPORTATION BY BUS OR BY CAR, THIS FORM MUST BE ON FILE WITH THE JEWISH COMMUNITY CENTER, SONOMA COUNTY.
WE MUST CARRY AN UPDATED COPY DURING A TRIP.
PLEASE MAIL THIS FORM TO THE ADDRESS BELOW OR BRING ON THE DAY OF THE TRIP.

Thank you for your cooperation,

JALENA MAYS, Program Director
FRIENDSHIP CIRCLE
707-528-1476
jalenam@jccsoco.org

Consent for Emergency Treatment & Personal Confidential Questionnaire

I hereby authorize the escort of the trip to obtain medical treatment for me; I will be responsible for all payments. I hereby waive, release and discharge any and all claims for damages, death, personal injury or property damage against the Jewish Community Center, Sonoma County, their staff, volunteers and agents for my participation in this activity.

Signature: _____ Print Name: _____

Birth date: _____ Date Form Completed: _____
Month Day Year

Home Phone Number: _____ Cell Phone Number: _____

Insurance Company: _____

Ins. Policy/ Member Number: _____ Medicare Number: _____

Allergies/ Health Problems: _____

Medications: _____

Physician's Name: Physician's Phone: _____

In case of Emergency notify: (someone NOT on the trip)

Name: _____ Phone: _____ Other Phone: _____

1301 Farmers Lane, Suite 103 · Santa Rosa · CA · 95405
707-528-4222 phone
707-528-4288 fax
www.jccsoco.org