



## Emergency Medical Form

### Snoqualmie Tribe Culture Department

9575 Ethan Wade Way SE  
Snoqualmie, WA 98065 United States

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Last Name	First Name	Middle Initial	D.O.B	Tribal Affiliation

Street Address:	Apt.#:	Phone #:
City:	State:	Zip: Enrollment #

Mailing Address, if different:

### Medical Information

Do you have medical insurance?     Yes     No

*If you do not have medical insurance, you will be solely responsible for any costs associated with medical treatment that you receive while on Canoe Journey. The Snoqualmie Indian Tribe is not liable to cover the costs for medical care.*

Primary Doctor's Name:	Phone #:	Blood Type:
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Doctor's Address:

Medical Insurance Company:	Policy Number	Group Number
Policy Subscriber's Name:		

Medical/Behavioral Health Conditions:	Current Medications:	Allergies:	Dietary Restrictions:
1	1		
2	2		
3	3		
4	4		
5	5		

### Emergency Contacts & Phone Numbers - We Require at least 2 Emergency Contacts

Name	Relationship to Participant	Address	Phone #

Participant Signature: \_\_\_\_\_

Parent or Guardian Name (Please Print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Has Participant provided a copy of their Tribal or Washington State I.D.?:     Yes     No