

CONTACT:
Native American Services
c/o Tammera Hicks
423-240-7270
www/naservices.org

EMERGENCY MEDICAL FORM
FOR THE YELLOWHORSE POW WOW CELEBRATION
AT Founders Hall, Swinyar Drive, Collegedale, TN 37363

PRIMARY CONTACT: TAMMERA HICKS 423-240-7270

1. Name as Listed on Line 1 of Vendor Application Form:

LAST: _____ First: _____

2. Do you or any member of your party have a medical condition that requires special care and attention should an emergency arise? YES _____ NO _____

If YES, please list: _____

3. In case of an emergency:

Doctors Name: _____ Phone: _____

List relatives or friends who should be contacted in case of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

4. Do you have any objection to the above information being released to Hamilton County and City Chattanooga Emergency Medical Service for emergency purposes only during the event:

YES: _____ NO: _____

SIGNATURE

DATE