

**PortAnta Crew Member/Participant
Emergency Medical Care Authorization
2009 Program/Excavation:**

Last name: _____ **First name:** _____
Social Security or Passport #: _____
Address: _____

Telephone: _____ **Email:** _____

Emergency Medical Care Authorization

In the event of a medical emergency, Maia Langley or a PortAnta representative, will make every effort to reach the person designated as an emergency contact before using the authorization below. In case we are unable to communicate with the emergency contact person immediately your signature on this optional authorization may assist in obtaining necessary medical care.

Choose either A or B:

A. To prevent dangerous delay in the event of an extreme emergency requiring hospitalisation and/or surgery, I hereby authorize Maia Langley or a PortAnta representative to secure whatever treatment is deemed necessary for me including the administration of an anesthetic and/or surgery (by a medical official).

Signature _____ **Date** _____

B. I DO NOT authorize anyone to secure medical treatment on my behalf.

Signature _____ **Date** _____

Read the following statement carefully and sign at the bottom:

All information submitted on this authorization form will remain confidential between the crewmember and the excavation directors. In the case of a medical emergency, information may be shared with a family member or a medical official.

By signing below, I am allowing either Maia Langley or a PortAnta representative to release this information or discuss my medical condition with those individuals listed as emergency contacts and/or medical officials.

Signature: _____ **Date:** _____

Emergency Contact Information

Emergency Contact 1

Name:

Relationship:

Address:

Daytime Phone:

Evening Phone:

Email or Fax:

Emergency Contact 2

Name:

Relationship:

Address:

Daytime Phone:

Evening Phone:

Email or Fax:

Health Information

Please list any medical conditions that you feel the directors will need to know about in case of a medical emergency. List allergies to foods and medicines as well as any medicines that you need to take in case of an emergency (asthma inhalers, allergy medicines, insulin, etc.) *Please be honest and fill out this part knowing that this information will not be shared with other crew members or participants.*

Please make a copy for your records and return the original to:

PortAnta ▪ Maia M. Langley ▪ Praça Augusto Cabrita ▪ No 1, 4 Dto. ▪

2610-288 Alfragide ▪ Portugal