



Pacific Crest Trail Association Volunteer Info for Crew Leader

NOTICE TO CREW LEADERS- The information contained on these medical forms is extremely important to the safety and well being of your crew. Please maintain two copies of this form, one that you will keep on your person and one that will be kept in the first aid kit. In the case of an emergency, the first aid kit copy should travel with the crew member to the hospital.

Volunteer Name: _____

Please fill out this information for the crew leader. All information will be kept confidential.

Medical and Emergency Information

Please list any medical conditions that may affect your work:

If you require any special treatment in case of an emergency, describe your needs below for the medical responder:

List any allergies we should be aware of:

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Other Information

Do you have any special dietary needs? Please let us know so we can plan accordingly.

Is there anything else we should know about you?

Packer Information

How many pack animals will you bring?