

TRAVEL & TRANSPORTATION EMERGENCY FORM

IC Parish Bus Trip to the Diocesan Eucharistic Congress

Saturday, August 15, 2026

**Bus departs from Immaculate Conception Church in Jackson
208 S. Hope St. Jackson, MO 63755 at 6:00 am on August 15th
(we will return to IC Church the same day around 10:00 pm)**

Name: _____ Phone#: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Emergency Contacts:

In the event of illness or unforeseen circumstances and it becomes necessary to obtain emergency care, please contact:

Name: _____ Phone#: _____

Relationship: _____ Is this person accompanying you on the trip? YES _____ NO _____

Alternate: _____ Phone#: _____

Relationship: _____ Is this person accompanying you on the trip? YES _____ NO _____

It is recommended that each Traveler complete a separate Travel & Transportation Emergency Form.

If you should need medical treatment while on this trip, please be prepared to provide the healthcare provider a written list of all your medications. Please carry this list with you personally. Have all medical cards available.

List all serious allergies, including food allergies, and medical conditions you feel we should be aware of:

All information provided will be for medical and emergency purposes only if needed. By signing this form, I am giving consent for the above described transportation services.

SIGNATURE: _____ **DATE:** _____

*****Note:** If you have any questions about the travel plans or itinerary please contact Deacon Al Stoverink at Immaculate Conception Church, 573-243-3182 or Ruth Ann Hester with St. Ann's Sodality, 573-270-4844.