MEDICAL INFORMATION
Retreat 2024
January 29th – February 1st, 2024

Name: _____

Address: _____

Home Telephone: _____ Cell #_____

Person to Contact in case of an Emergency:

Name: _____

Address:_____

Telephone #:_____Cell Phone #_____

Doctor's Name:_____

Doctor's Telephone Number _____

INSURANCE INFORMATION for Emergency use: <u>This will be kept confidential</u>

Insurance Company:_____

Policy Number:_____

List MEDICAL INFORMATION and MEDICATIONS that emergency personnel should know: (please use back of form if necessary)

Do you have any allergies including food? (circle one) Yes No If yes, to what? _____
_____

<u>Please return this form with your registration.</u>