

MEDICAL INFORMATION
Retreat 2018
February 19, 20, 21 & 22, 2018

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: This will be kept confidential

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? _____

Do you have any special needs - food, mobility...? (circle one) Yes No If yes, explain _____

(please use back of form if necessary)

Please return this form with your registration. Failure to include with registration will result in delay in the processing of your registration.