

PEACE RIVER QUILTERS' GUILD
MEDICAL INFORMATION
Retreat 2026
February 2-5, 2026

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? _____

Please return this form with your registration.

THIS INFORMATION WILL ONLY BE USED IN CASE OF EMERGENCY AND
THE INFORMATION SHREDDED AFTER RETREAT IS OVER