

PILGRIM MEDICAL AND EMERGENCY INFORMATION

PLEASE PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Nearest relative/spouse \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

One other person \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Phone \_\_\_\_\_

Please list all allergies, medical problems, physical needs etc. that we need to know in case of emergency. Please include any diet needs. The camp will try to accommodate these, but you may want to bring some extra food: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the even of an emergency, and if my nearest relative/spouse cannot be reached by telephone, the Rainbow's End Emmaus staff has my permission to gain services of licensed medical professionals to provide the care deemed necessary, including anesthesia, for my well being.

Signature \_\_\_\_\_ Date \_\_\_\_\_