

THREE RIVERS WALK TO EMMAUS
VOLUNTARY MEDICAL INFORMATION

Name _____

Address/City/State/ZIP _____

Phone/Home/Cell () - () - _____

Primary Care Doctor _____ Phone () - _____

Address/City/State/ZIP _____

Insurance Carrier _____ Phone () - _____

Address/City/State/ZIP _____

ID # _____ Group # _____

In case of emergency, please contact _____

Address/City/State/ZIP _____

Relationship _____ Phone () - _____

Medical Information (use back if necessary)

Blood Type (if known) _____

Allergies (food, medication, bees, pollen, etc.) _____

Medications currently taking/dosage/date started _____

Current medical problems _____

Medical treatment in past 12 months _____

Optional: Religious Affiliation _____

Pastor/Priest/Rev/Minister _____ Phone () - _____

Your Signature

This form will be kept in a sealed envelope and returned to you at the end of the weekend. Three Rivers Walk to Emmaus cannot and does not offer medical care on our events. Your signature on this form simply allows us to provide the medical information you desire to emergency medical personnel.

Three Rivers Walk to Emmaus provides no liability or medical insurance for Guests or Team.