Emergency Medical Information Form

Pilgram Name: _____ Preferred Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

If I have medical emergency during the weekend, please contact the individuals noted below in the order indicated:

1. _____
Name Phone Alternative Phone Relationship

2. _____
Name Phone Alternative Phone Relationship

3. _____
Name Phone Alternative Phone Relationship

Doctor: _____
Name or Practive Name Phone Number After Hours Phone

Address: _____
Street City State Zip

I currently take the following prescription medications (include dosage):

_____ for _____ dosage _____
Medication Name

_____ for _____ dosage _____
Medication Name

_____ for _____ dosage _____
Medication Name

_____ for _____ dosage _____
Medication Name

I understand the above information will be held in confidence within the Tennessee Via de Cristo organization but may be shared with emergency medical personnel in an emergency. It will be destroyed after the weekend retreat.

_____ _____
Pilgrim's Signature: Date: