



VIA DE CRISTO
*A Retreat for the Development
of Christian Leaders*

Emergency Medical Information

Name: _____ Preferred Name: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Date of Birth: _____

If I have a medical emergency during the weekend, please contact the individuals listed below in the order indicated.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Doctor: _____ Phone: _____

Address: _____

Medical Insurance Provider: _____ Policy #: _____

Medications currently taking – including dosage:

_____ for: _____ dosage _____

_____ for: _____ dosage _____

_____ for: _____ dosage _____

_____ for: _____ dosage _____

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.

This paper will be destroyed after the weekend retreat.

Signature: _____ Date: _____