

Emergency Medical Information
Midwest Crossroads Emmaus Community Retreats

In providing emergency medical attention and treatment, it is important that any relevant history and/or background be available to those who may be required to administer treatment (i.e. paramedics, emergency rooms, etc.) This is for your safe being; but is not a requirement to be filled out.

Name _____

Address _____

Telephone Number _____

Person to be contacted in case of an emergency

Name _____ where employed _____

Relationship _____ telephone number _____

Physician _____ telephone number _____

Address _____ telephone number _____

Medical Information

Current health or medical concerns that would assist those providing treatment (example: High blood pressure, asthma, diabetes, cardiac, etc.)

Medication	Taken for	Dosage

Are you allergic to any medication or prescription drugs?

Other important information:

I HEREBY GIVE PERMISSION TO THE BOARD REPRESENTATIVE OF MIDWEST CROSSROADS EMMAUS COMMUNITY TO SEEK MEDICAL CARE IF AN EMERGENCY OCCURS FOR ME AND I GIVE PERMISSION TO HAVE OVER THE COUNTER MEDICATIONS DISPENSED TO ME WHEN REQUESTED BY ME. I FURTHER UNDERSTAND THAT THIS FORM WILL BE DESTROYED AT THE CONCLUSION OF THE EMMAUS WEEKEND.

Signature _____ Date _____