



EMERGENCY MEDICAL INFORMATION

In the case of a medical emergency, please provide the following key medical information. Your information will remain confidential. We will keep it in a sealed envelope to be used only in the case of a medical emergency. Please be sure to complete this form thoroughly to assure prompt and appropriate treatment during a medical emergency. Following the weekend, this information will either be returned to you or destroyed.

I. Candidate Information

Name: _____ Address: _____

Phone: Home _____ Cell _____

II. Emergency Contact

Name: _____ Address: _____

Phone: Home _____ Cell _____

III. Physician Name / Hospital

Name: _____ Phone: _____

Medical Insurance: _____ Preferred Hospital _____

IV. Medical Information

List of Medications: _____

List of Allergies and/or Chronic Ailments: _____

Other: _____

I give Marin Cursillo the right, in the case of an emergency, to provide the above information to attending medical personnel.

Signature: _____ Date: _____