

## Emergency Contact Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Any current medical conditions:

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List any allergies: (food and/or meds)

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Are you taking any medications: What are they

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Doctor's name and contact number \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

What medical insurance do you have?

Insurer: \_\_\_\_\_ ID# \_\_\_\_\_

Insurer: \_\_\_\_\_ ID# \_\_\_\_\_

### **INSTRUCTIONS FOR EMERGENCY CONTACT FORM**

For your safety and privacy, please complete this form, put it in an envelope with your name on the outside, seal it and keep it at your work station in plain view. Enjoy the Retreat!