



# NOTES OF GRACE VIA DE CRISTO PILGRIM MEDICAL INFORMATION

Please Print All Information  
Use the TAB key to move from one area to the next to fill in the form.

The information given below is CONFIDENTIAL. It will only be used in case of an emergency.  
The form will be destroyed after the week-end.

Name: \_\_\_\_\_ Home Tel#:: \_\_\_\_\_

Address: \_\_\_\_\_ CtyStZp: \_\_\_\_\_

### Emergency Medical Contacts for the Weekend

Name: \_\_\_\_\_ Tel#: \_\_\_\_\_

Relationship: \_\_\_\_\_

or \_\_\_\_\_ Tel#: \_\_\_\_\_

My Doctor is: \_\_\_\_\_

Tel#: \_\_\_\_\_

List the prescription medication/s you currently take and the condition/s being treated:  
*(use the back side of paper if necessary)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List any Allergies to Food or Medications: \_\_\_\_\_

OTHER (PLEASE EXPLAIN): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return the completed form to your Sponsor**