



**NOTES OF GRACE VIA DE CRISTO
PILGRIM MEDICAL INFORMATION
Please Print All Information**

The information provided below is considered CONFIDENTIAL and will be used only in case of an emergency.
This form will be destroyed after the weekend.

Name: _____ Home Tel#: _____

Address: _____ CityStateZip: _____

Emergency Medical Contacts for the Weekend

Name: _____ Tel#: _____

Relationship: _____

Or: _____ Tel#: _____

Relationship: _____

My Doctor is: _____ Tel#: _____

List prescription medications you currently take and conditions being treated (use back of paper, if necessary):

1. _____
2. _____
3. _____
4. _____
5. _____

Allergies to Foods or Medications: _____

Other Medical Conditions: _____

Signature _____

Date _____

Return completed form to your Sponsor