



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