



EMERGENCY CONTACT & MEDICAL INFORMATION

Name: _____

IN CASE OF AN EMERGENCY, CONTACT:

Name: _____ H Phone: _____

Address: _____ W Phone: _____

_____ Email: _____

Alternate contact: _____ Phone: _____

MEDICAL INFORMATION:

Allergies (medicine, food, etc): _____

Date of last tetanus shot: _____

Medication being taken: _____

Physician: _____ Phone: _____

Insurance Company: _____ Policy number: _____

Please describe below any medical or physical condition that we should know about to assure that your stay with us is healthy and safe:

DIETARY RESTRICTIONS: Those with special dietary restrictions may have to make their own dining arrangements as we may not have the staff or supplies to accommodate their needs.