Cross Country Emmaus Community
Walk to Emmaus Request for Reservation

Medical Release

The ***Cross Country Emmaus Community*** requires that each person attending a Walk weekend, have this form complete and on file before being allowed to participate in the weekend.
Please fill in all blanks. Please type or print legibly.

Name _____ M___ F___ DOB___/___/_____

Mailing Address _____

City _____ St _____ Zip _____

Phone (____) ____-_____ Home? ____ Cell? ____ Work Phone (____) ____-_____

Social Security # ____-____-_____

Name of Nearest Relative/Spouse: _____

Phone (____) ____-_____ Home? ____ Cell? ____ Work Phone (____) ____-_____

One Other Person/Relationship: _____

Phone (____) ____-_____ Home? ____ Cell? ____ Work Phone (____) ____-_____

Insurance Co. _____

Group/Policy # _____ Ins. Co. Phone (____) ____-_____

Physician's Name _____ Physician's Phone (____) ____-_____

City _____ St _____ Zip _____

Please list all allergies, medical problems, physical needs, etc. that we need to know about in case of an emergency. Also include any diet needs (the camp will try to accommodate these, but you may want to bring some extra food). (Use a separate sheet of paper, if necessary)

_____

_____

_____

_____

_____

_____

_____

_____

_____

In the event of an emergency, and if my nearest relative/spouse cannot be reached by telephone, the ***Cross Country Emmaus Community*** STAFF/REPRESENTATIVE has my permission to obtain services and treatment by licensed medical professionals to provide the care deemed necessary, including anesthesia, for my wellbeing.

Pilgrim Signature: _____ Date: ___/___/____