

WEST SOUND QUILTERS
MEDICAL INFORMATION SHEET
*** FOR EMERGENCY ONLY ***

This form will be used for all overnight WSQ events. Fill out and submit this form along with your registration for retreat or other overnight event. Place it in a sealed envelope with your name on the outside. The envelope will be held by the retreat/event coordinator in a secure location. The envelope will not be opened except in the case of an emergency. If there is no emergency, then the member may pick up the unopened envelope at the conclusion of the event. If the member forgets to pick up the envelope, it will be shredded.

NAME: _____

ADDRESS: _____

HOME PHONE # _____ CELL # _____

The following information for emergency personnel:

EMERGENCY CONTACT #'S _____ or _____

This person is _____, my _____ (relationship).

DOCTOR NAME(S) _____

CURRENT MEDICATIONS: _____

ALLERGIES to MEDICATION/FOOD/Other:

MEDICAL HISTORY: _____

BLOOD PRESSURE/SUGAR LEVEL AND/OR PERTINENT INFO:

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