

The Cursillo Movement in the Episcopal Diocese of Western Louisiana

Voluntary Medical Information

Name _____
Address/City/State _____
Phone/Home/Cell _____

Primary Care Doctor _____ Phone _____
Address/City/State _____

Insurance Carrier _____ Phone _____
Address/City/State _____
ID # _____ Group # _____

In case of emergency, please contact _____
Address/City/State _____
Relationship _____ Phone _____

Medical Information (use back if necessary)

Blood type (if known) _____

Allergies (food, medication, bees, pollen, etc.) _____

Medications currently taking/dosage/date started _____

Current medical problems _____

Medical treatment in past 12 months _____

Your Signature

This form will be kept in a sealed envelope and returned to you at the end of the Weekend. The Cursillo Movement in the Episcopal Diocese of Western Louisiana cannot and does not offer medical care on our events. Your signature on this form simply allows us to provide the medical information you desire to emergency medical personnel.