

MARIN CURSILLO

EMERGENCY MEDICAL INFORMATION

In case of a **MEDICAL EMERGENCY**, the following key information would be of great value to attending medical personnel in helping to diagnose and treat a medical problem. Kindly complete this **CONFIDENTIAL** form which will be kept in an **SEALED ENVELOPE** to be used **only** in the case of a **MEDICAL EMERGENCY**. It is extremely important that all questions be answered to assure prompt and appropriate treatment during a medical emergency.

Name: _____ Home Address: _____

Home Phone: _____ Cell Phone: _____

IN CASE OF A MEDICAL EMERGENCY WHO SHOULD BE NOTIFIED?

Name: _____ Home Address: _____

Home Phone: _____ Cell Phone: _____

PERSONAL PHYSICIAN NAME or HOSPITAL

Name: _____ Phone: _____

LIST MEDICATIONS: _____

LIST ALLERGIES AND / OR CHRONIC AILMENTS: _____

OTHER INFORMATION YOU FEEL IS IMPORTANT FOR THIS MEDICAL RECORD: _____

I give Cursillo the right, in the case of a medical emergency, to provide the above information to attending medical personnel.

Signature: _____ Date: _____