



FLORIDA CROWN EMMAUS CONFIDENTIAL MEDICAL INFORMATION

Confidential Information to be shredded or returned after this Walk

Florida Crown Emmaus strives to offer Walks that are spiritually rewarding while maintaining standard health and safety protocols for a retreat of this kind. To this end, we request information that may be important in the event of a medical emergency.

1. Walk Number _____ Walk Dates _____
2. Name _____
3. Emergency Contact Name _____
Relationship _____ Phone _____
4. Primary Care Physician _____ Phone _____
5. Insurance Carrier _____ Phone (____) ____ - _____
ID # _____ Group# _____
6. Do you have allergies or severe food sensitivities that could trigger a medical emergency? _____ Yes _____ No
I'm allergic/sensitive to _____
7. If you have medication that needs to be taken at critical times during the day, please list those and the times you need to be reminded to take them. Walk team members will make every effort to assist you with timing for these medications.
 - a) _____ Taken at _____
 - b) _____ Taken at _____
 - c) _____ Taken at _____
 - d) _____ Taken at _____

8. In the unlikely event you have a medical emergency during this Walk, do you take medications that emergency first responders need to know about, such as blood thinners?

a) _____

b) _____

c) _____

9. Do any of your medications that need refrigeration? _____ Yes or _____ No

10. Do you use any adaptive or medical supportive equipment the Walk team should be aware of, such as hearing aids that require phone amplification, CPAP machines, etc.

_____ Yes _____ No

a) _____

b) _____

c) _____

11. Do you have any mobility challenges or use adaptive equipment such as a cane or walker? _____ Yes _____ No

a) _____

b) _____

c) _____

12. Do you have any special diet requirements (Gluten, Vegan, Etc.)?

Providing complete information on this form will allow Walk leaders to best provide you with a safe, healthy, and complete retreat experience. Florida Crown Emmaus is blessed to serve you on this Walk.

Signature: _____

Your signature on this form, gives Florida Crown Emmaus permission to use this form on the weekend, if necessary, due to a medical emergency.

We appreciate your cooperation. De Colores.