



Voluntary Medical Information

Name:

Address:

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 the past 12 months:

Optional: Religious Affiliation:

Pastor/Priest/Rev/Minister

Phone:

Your Signature

This form will be kept in a sealed envelope and returned to you at the end of the Weekend. Kairos Prison Ministry International, Inc 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.

Kairos Prison Ministry International, Inc. provides no liability or medical insurance for Guests or Team.

