



Emergency Contact & Medical Information

Your Name (please print legibly)

Emergency Contact Person - *In case of emergency, or if I need to leave the retreat early, the following person should be contacted*:*

Name (please print legibly).....

Relationship..... E-mail.....

Daytime Phone Evening Phone

* The emergency contact person should be someone who can either collect you from IMS or help to make transportation arrangements if you need to leave the retreat early.

* If you are coming from overseas, it is fine to provide an overseas emergency contact person.

Are you allergic to any medication?

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Prescription Medication Information

We ask for this information so that, in the event of an emergency, we can give this form to Emergency Medical Services personnel on your behalf. Teachers and retreat support will see this information, otherwise, it will be kept entirely confidential.

1. Name of medication

Condition being treated.....

2. Name of medication

Condition being treated.....

3. Name of medication

Condition being treated.....

Signature

Date

Printed name