

Life Bridge Community Church
Group Coordinator:
Josh Mangioni
847-915-8641

Winter Retreat Emergency Medical Information

Student Name: _____ circle: Male Female
Date of birth: _____ Student cell phone: _____
Student Email: _____
Parent/Legal Guardian: _____
Cell Phone: _____ Email: _____
Address: _____

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Participant's Insurance Company: _____
Policy Type: _____
Policy#: _____
Physician's Name: _____
Physician's Phone Number: _____

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Will participant be bringing any prescription medication to the Winter Retreat? _____
What kind and for what condition? _____

Date of last tetanus shot (will be administered by emergency care if more than 10 years ago): _____

List any known allergies and reactions: _____

List any known medical conditions or recent illnesses and describe: _____

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Emergency Contact (Other than Parent/Legal Guardian): _____
Relationship to Participant: _____
Cell Phone: _____
Email: _____

COPY OF INSURANCE CARD