



Medical Information for 2016 Cuernavaca Immersion General Information

(Please print)

Participant Legal Name: _____

Participant Preferred Name: _____

Address: _____

Home Phone: _____ Cell Phone _____

EMERGENCY INFORMATION

Emergency Contact Person: _____

Address: _____

Home Phone: _____ Cell Phone _____

Work Phone: _____

Additional Contact Information: _____

INSURANCE INFORMATION

Date of Birth: _____

Doctor/Health Care Provider: _____

Phone Number: _____

Insurance Information:

Insurance Company: _____

Member # / Policy # / Group # (any that are applicable): _____

Insurance Company Phone No.: _____

This is usually an 800 number and found on the back of your insurance card

MEDICAL TREATMENT AUTHORIZATION

I understand this form, along with the information I provided on my original 2016 Cuernavaca Immersion Application form, will be used to judge medical attention given to me in the event of an emergency and I authorize the calling of a doctor for the providing of necessary medical services.

I agree to notify the Pacific School of Religion Contextual Learning Office (Contexted@psr.edu | 510-849-8238) in the event of any health changes that would restrict my participation in any normal activities before and during this trip.

Signature

Date

Please print your name

Note: This information is intended exclusively for the use of the administrators of your immersion trip and will be shared only with those who might need to administer medical care.