Pilgrim		
Team M	lember	

## **Coastal Bend Emmaus Community Emergency Medical Information**

## Confidential Information to be shredded after this Walk

1. Walk Number	Walk Dates
2. Name	
3. Emergency Contact Name	
Relationship	Phone
4. Primary Care Physician	Phone
5. Sponsor's Name (pilgrims only	y)Phone
standard health and safety proto information that may be importa	offer Walks that are spiritually rewarding while maintaining ocols for a retreat of this kind. To this end, we request ant in the event of a medical emergency.  Te food sensitivities that could trigger a medical
-	need to be taken at critical times during the day, please list be reminded to take them. Walk Team members will make ming for these medications.
a)	Taken at
b)	Taken at
c)	Taken at
d)	Taken at

<u>OVER</u>

<ol><li>In the unlikely event you have a medications that emergency first respond</li></ol>		•	•
a)			
b)		-	
c)			
9. Do any of your medications need refrig	geration?	Yes, or	No
10. Do you use any adaptive or medically aware of, such as hearing aids that requirYesNo		• •	
a)			
b)			
c)			
10. Do you have any mobility challenges of walker?YesNo	or use adaptiv	ve equipment such	n a cane or
a)	_		
b)	_		
c)	_		

Providing complete information on this form will allow Walk leaders to best provide you with a safe, healthy, and complete retreat experience. Coastal Bend Emmaus is blessed to serve you on this Walk. We appreciation your cooperation. De Colores.