



**PARTICIPANT MEDICAL INFORMATION & EMERGENCY FORM**

**Participant:**

Name (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_

**Participant's Regular Physician:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Medical Conditions:**

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc.): \_\_\_\_\_

\_\_\_\_\_

List any allergies or allergic reactions to medications of the participant: \_\_\_\_\_

\_\_\_\_\_

List any medications the participant is presently taking: \_\_\_\_\_

\_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

\_\_\_\_\_

Date of participant's most recent tetanus shot: \_\_\_\_\_

**Medical Insurance Information:**

Company: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

**Emergency contacts:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship (friend, neighbor, coworker, etc.): \_\_\_\_\_

*Other Contact*

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship (friend, neighbor, coworker, etc.): \_\_\_\_\_

**Authorization for Emergency Medical Treatment**

This information will be kept in the possession of the Office of Vocations. A copy will be distributed to the person in charge of each Emmaus Days Session which the participant attends. Should the need arise this information will be given to the proper medical authorities.

I, \_\_\_\_\_ [the participant], understand that in the case of illness or injury, the Office of Vocations will try to notify the person I have listed above as an emergency contact. In case of medical emergency at a time when my listed emergency contact cannot be notified, I grant full power to the Office of Vocations to 1) arrange my transportation, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**CATHOLIC DIOCESE OF PEORIA PUBLICITY FORM**

**SUMMER 2017**

On occasion, the department named above takes photographs or makes an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in diocesan publications or advertising materials. Also, local news organizations may learn about the diocese's activities or events, and the diocese may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the diocese see fit.

I hereby expressly grant to the Catholic Diocese of Peoria the right, privilege and license to use my picture or likeness in any photograph, movie, video production or any other forms of media publication and to use my verbal or written statements or declarations for the purpose of publicizing, fostering and promoting the diocese and its programs, or for any other purpose in furtherance of the mission of the Diocese of Peoria.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date