Print Form

Via De Cristo Health Care Sheet

Clear Form

Participant's Name - Last, First

_____

Sponsor's Name - Last, First

_____

Emergency Contact Information:

Name - Last, First _____

Address _____

Phone #1 _____

Phone #2 _____

Doctor:

Name - Last, First _____

Office Phone _____

Emergency Phone _____

Medical Concerns - Please attach additional sheets as necessary.

_____

_____

_____

_____

_____

_____

_____

_____

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Via De Cristo Health Care Sheet (continued)

Do you need to be reminded when to take medication? YES NO

Do you have any special equipment needs?
(Wheelchair, CPAP machine, etc.)

Food Allergies: Type of reaction: Typical Treatment

Other Allergies: Type of reaction: Typical Treatment

Do you have any Doctor ordered dietary restrictions? YES NO

If yes please explain: _____

Do you need snacks at specific times? (Please indicate snack types & time of day)

Are there any other health needs? Please attach additional sheets as necessary

Do you require large print? *Yes* _____ *No* _____

Via De Cristo Emergency Care Sheet (Confidential)

This form will remain in a sealed envelope and will be shredded at the end of the weekend. It will only be opened in the event of an emergency.
Please fill out as completely as you would at the ER.

Participant's Name - Last, First **Date of Birth**

_____

Insurance Provider **Insurance ID #** **Group #**

_____

Emergency Contact Information:

Name - Last, First _____

Address _____

Phone #1 _____

Phone #2 _____

Doctor:

Name - Last, First _____

Office Phone _____

Emergency Phone _____

Preferred Hospital _____

Medications	***Dosage***	***Time Taken***

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Via De Cristo Emergency Care Sheet (CONFIDENTIAL)

(continued)

Participant's Name - Last, First **Date of Birth**

Other Concerns

Drug Allergies: **Type of reaction:** **Typical Treatment**

Food Allergies: **Type of reaction:** **Typical Treatment**

Other Allergies: **Type of reaction:** **Typical Treatment**

PLEASE BE SURE TO PRINT BOTH PAGES & PLACE IN SEALED ENVELOPE.

ENVELOPES WILL ALSO BE AVAILABLE AT VDC TEAM MEETINGS IF YOU NEED ONE.

THANK YOU!