



2012 LWML NED Convention

HEALTH AND EMERGENCY INFORMATION

2012 Lutheran Womans Missionary League
New England District Convention
April 27th and 28th, 2012
Trumbull Marriott, Trumbull, CT

PERSONAL INFORMATION:

Name _____

Home Phone _____

Date of Birth _____

Address _____

City, State, Zip _____

MEDICAL INFORMATION

PRIMARY PHYSICIAN:

Name _____

Office Phone _____

City, State, Zip _____

Do you have any health conditions (i.e. allergies, chronic conditions, etc.) special circumstances or medications which should be known about prior to emergency treatment?

EMERGENCY INFORMATION

Whom should we notify in case of an accident or medical emergency?
Please list two persons with different addresses who are not members of the LWML.

Name _____

Home Phone _____ Relationship _____

Address _____

City, State, Zip _____

Name _____

Home Phone _____ Relationship _____

Address _____

City, State, Zip _____

YOUR SIGNATURE

DATE