



**2012 LWML NED Convention**

**HEALTH AND EMERGENCY INFORMATION**

2012 Lutheran Womans Missionary League  
New England District Convention  
April 27<sup>th</sup> and 28<sup>th</sup>, 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