

**EMERGENCY INFORMATION FOR PARTICIPANTS
ON MO EAST WALK TO EMMAUS # _____**
(PLEASE Complete this form and bring it with you on Thursday Evening)

Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone Number: _____ **Birthdate:** _____

E-Mail Address: _____

Please Check If Applicable:

Allergy to: _____

Special Diet: _____

Special medical needs: _____

Need reminder to take medication at a certain time: _____

Other: _____

Name of Health Insurance: _____

Health Insurance ID Number: _____

Pre-Certification/Authorization Phone Number: _____

Physicians Name: _____

Address: _____ **Phone Number:** _____

In Case Of Emergency Please Notify:

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

A Contact Person In the Area of the Walk (if possible)

Name: _____ **Phone Number:** _____