

Via De Cristo Emergency Care Sheet

*This form will remain sealed in an envelope and returned to you at the end of the weekend.
It will be opened only in the event of an emergency.*

Name - Last, First

Date Of Birth

Insurance Provider

Insurance ID Number

Group Number

Emergency Contact Information:

Name - Last, First

Address

Phone1

Phone2

_____ () _____ () _____

Doctor

Name - Last, First

Phone

Emergency Phone

_____ () _____ () _____

Preferred Hospital

Medications

Dosage

Time taken

Medications	Dosage	Time taken

Other Concerns : _____

Drug Allergies:

Type of reaction:

Typical Treatment

Drug Allergies:	Type of reaction:	Typical Treatment

Food Allergies:

Type of reaction:

Typical Treatment

Food Allergies:	Type of reaction:	Typical Treatment

Other Allergies:

Type of reaction:

Typical Treatment

Other Allergies:	Type of reaction:	Typical Treatment