

EXCEL of the Rainbow Zebra

"Yet I will show you a more EXCELlent way." 1 Corinthians 12:31



Personal Form - October 3 - 5, 2008, Excel Weekend #27

Full Name _____

Age _____ Date of Birth _____ / _____ / _____

Home Address _____

Person to notify in Emergency _____ Phone _____

Doctor's Name _____ Phone _____

Phone _____

Insurance Carrier _____ Expiration date _____

Any medical condition(s) for which you are being treated _____

(Use the back of this sheet if necessary, for additional medications)

Name of Medicine _____

Strength _____ #Doses/day _____

Reason Taken: _____

Name of Medicine _____

Strength _____ #Doses/day _____

Reason Taken: _____

Name of Medicine _____

Strength _____ #Doses/day _____

Reason Taken: _____

(Attach sheet for additional medications if necessary)

Are you allergic to bee stings, etc.? ____ If so, do you carry medication with you? ____ If you do carry medication, what is it? _____

Where do you keep it? _____

Other allergies we should know about (medications, etc.)

Please attach a copy of your insurance card to this sheet or give specific information about the way to access your primary medical care. In the event that you go to an emergency room, you must have this information available to be treated. As a courtesy, please tell your emergency contact person that you are going on this EXCEL weekend and where you will be. All the above information will be kept on file by the team and will be kept confidential. Only those who need to know will have access to it.

Please sign and date this form below; and if any updating is needed when you arrive at the weekend site, please inform the team facilitator or weekend director.

Signed _____ Date _____