

**ATHENS AREA WALK TO EMMAUS  
PILGRIM/TEAM EMERGENCY INFORMATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**NOTIFY IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**SIGNIFICANT MEDICAL HISTORY/CURRENT ILLNESSES/CONDITIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT MEDICATIONS:** (Name, Dosage, Time Taken)

Example: Aspirin – 81mg (2 tablets) - every morning

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**KNOWN ALLERGIES:** (Medications, Foods, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information:**

Primary: \_\_\_\_\_

Group #: \_\_\_\_\_ Individual #: \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Secondary (if applicable): \_\_\_\_\_

Group#: \_\_\_\_\_ Individual # \_\_\_\_\_

Contact No: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_