TAIZÉ Spiritual Pilgrimage for Youth and Young Adults
with Bishop Sudarshana Devadhar

New England Conference
The United Methodist Church

HEALTH AND MEDICAL INFORMATION

Name: _____ Date of Birth: _____

Home Address: _____

Emergency Contact: _____ Relationship: _____

Phone Numbers: Home _____ Work _____ Cell _____

Alternate Emergency Contact: _____ Relationship: _____

Phone Numbers: Home _____ Work _____ Cell _____

Allergies: _____

Medications – List dose, frequency and diagnoses of all over the counter and herbal medications taken.

_____

_____

_____

_____

Significant Medical History – Include past and present history of neurological, cardiac, respiratory or psychiatric illness. Please include dates. Use the back of this form if necessary.

_____

_____

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Person completing form: _____ Date: _____