

2010 GACC RETREAT ATTENDEE EMERGENCY INFORMATION FORM

Last Name: _____

First Name: _____ MI: _____

Emergency Contact Name: _____

Emergency Contact Number: () _____ - _____ or () _____ - _____

Doctor/Hospital to contact in case of an emergency*: _____

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## Health Information (Please check all that apply):

- Diabetes
- Visually Impaired
- Hearing Impaired
- Mobility Impairment
- Hepatitis
- Fainting Spells
- Asthma
- Allergies
- High Blood Pressure
- Low Blood Pressure
- Other \_\_\_\_\_

\_\_\_\_\_

Please list all allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Pine Cove has a health center and health staff on site for your convenience. Mother Francis Hospital and East Texas Medical Center are located in nearby Tyler, Texas.