

HEALTH AND EMERGENCY
INFORMATION – NWD LWML

Please fill out and return to the Meeting Manager

All information is kept private and will be destroyed after
term in office, convention, workshops, trips, and/or retreats.

Bonnie Grosskopf
1031 Lakewood Lane
Wisconsin Rapids, WI 54494

PERSONAL INFORMATION

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Telephone (Home) [_____] _____ Cell [_____] _____

EMERGENCY INFORMATION

Name _____ Name _____

Address _____ Address _____

Telephone [_____] _____ Telephone [_____] _____

Relationship _____ Relationship _____

MEDICAL INFORMATION

Insurance/HMO _____ Policy # _____

Medicare # (if applicable) _____

Primary Physician _____

Address _____

Telephone _____

Do you have any health conditions (e.g., allergies, chronic conditions), special
circumstances, or medications that should be known about before any emergency
treatment?

Your signature _____ Date _____