

Our Lady of Confidence Retreat Registration & Medical Profile Form

October 11, 12, 13, 2016

Your Name: _____ SS#: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Male: _____ Female: _____ Phone (H): _____ Cell: _____

I have attended Our Lady of Confidence Retreat in the past: Yes No

Parish Institution (if applicable) Name: _____

Medical Insurance Company: _____

Medical Insurance: Group _____ Member ID#: _____

MEDICAL PROFILE

Existing Medical Conditions: (briefly describe): _____

CURRENT MEDICATIONS ** (if necessary use other side or attach) **

Name	Strength	Dosage

ACCOMMODATIONS

ASSISTANCE NEEDED

Walker	Yes	Personal Hygiene	Yes
Wheelchair Access	Yes	Getting Dressed	Yes
ASL Interpreter	Yes	Toilet Functions	Yes
Sighted Guide	Yes	Taking Medications	Yes
Brailed Material	Yes	Other (Please describe)	Yes
One on One Escort Required	Yes	T-SHIRT SIZE	
Special Diet (Describe)	Yes	Sm	Med
		Lg	XL
		1X	2X

** 24 HOUR CONTACT (in case of medical emergency) **

Name: _____	Phone: _____	Relationship: _____
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PHOTO RELEASE PERMISSION

I, _____ hereby give Our Lady of Confidence Retreat and the Archdiocese of Philadelphia and those acting with it authority, permission to reproduce, publish, circulate or otherwise use any pictures, videos, or recordings of: ___me, ___my child, ___my ward.

Signature: _____ Date: _____

Please return completed form by October 2, 2016

to: Our Lady of Confidence Retreat, c/o Margie Ortlieb
 2402 Country Circle / Norristown, PA 19403 / OLCRetreat@gmail.com