

# Our Lady of Confidence Retreat Registration & Medical Profile Form

October 10, 11, 12, 2017

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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 <sup>\*\*</sup>(if necessary use other side or attach)<sup>\*\*</sup>

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 , Malvern Retreat House and the Archdiocese of Philadelphia and those acting with its authority, permission to reproduce, publish, circulate or otherwise use any pictures, videos, or recordings of me, my child and/or my ward.

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

**Please return completed form by October 2, 2017**

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