



Leadership & Service Summit 2019

Medical Information Form

Please complete the following information. This information will be held in confidence and is intended to assure that potential complications can be addressed well in advance.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Home Phone #: _____ Cell phone #: _____ Email: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

MEDICAL INFORMATION

Health Insurance Company: _____ Policy Number: _____

Name of Primary Insured: _____ Group Number: _____

Primary Physician's Name _____ Phone Number: _____

Please list any medical conditions or concerns (i.e. diabetes, allergies, prescriptions or other forms of medication you will require, etc.):

Special Dietary Needs: Vegetarian _____ Diabetic _____ Gluten Free _____

Other (Please Explain)

PERSON TO CONTACT IN CASE OF AN EMERGENCY

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Please return this form, your release form, and \$150.00 nonrefundable deposit to:

Wartburg College, Leadership & Service Summit, c/o Ashley Lang, 100 Wartburg Blvd, Waverly, IA 50677