

New Year's Eve Retreat with *Louix Dor Dempriey*

(28 December 2016 - 2 January 2017)

Medical Information

As a condition of participation in this retreat, you are required to complete and return
(to the address at the bottom of the page) this **Medical Information Form**.

Personal Information

Name (*as shown on passport*): _____ Birth Date: _____

Phone: _____

Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Your Personal Doctor

Name: _____ Phone: _____

Your Medical Insurance Carrier

Name: _____ Phone: _____

Policy Number: _____

Additional Information (Please give us as much detail as possible)

Do you have any allergies and/or food sensitivities? _____

Please list any past or current chronic conditions that may affect your participation in physical activities:

Please return completed form to:

Louix Dor Dempriey Foundation • 25602 Alicia Parkway., # 407, Laguna Hills, CA 92653

Phone: +1 (888) 288-3735 • Fax: +1 (949) 269-0113

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Please list any recent injuries or illness(es): _____

Are you taking any medications? ☐ Yes ☐ No

If so, what type, dosage, and frequency? _____

For what condition? _____

(If you are taking more than one medication, please attach additional information.)

Please provide any additional information regarding your health that you feel is important for us to know:

Emergency Consent

In the event of an accident, injury, or illness, I hereby authorize and promise to pay for any emergency medical treatment or aid to be administered that, in the Coordinator's* discretion, may be deemed necessary while participating in this retreat.**

Consent Signature: _____ Date: _____

*"Coordinator" means the event producer or any of its agents or assigns.

**I am the Parent or Guardian of the minor named in this Medical Information form, and I have the legal authority to provide this emergency consent on behalf of the abovementioned minor.

_____ [Name of Parent/Guardian]

_____ [Signature of Parent/Guardian]

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