

MISSION OF MIRACLES 2024

Confidential Health Information

Name _____ Date of birth _____

Address _____ Phone Number _____

Person to contact in case of an Emergency _____

Relationship _____ Phone Number _____

List any medical conditions to be disclosed only in case of emergency: _____

Medications: _____

Allergies: _____

The Episcopal Diocese of Central New York and those volunteering as the 2024 Mission of Miracles team cannot be held responsible for any illness or injury that could occur to me while traveling with the team.

Signature _____ Date _____

Witness _____ Date _____

