



**TAIZÉ Spiritual Pilgrimage  
for Youth and Young Adults**  
*with Bishop Sudarshana Devadhar*



**New England Conference**  
The United Methodist Church

### HEALTH AND MEDICAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications – List dose, frequency and diagnoses of all over the counter and herbal medications taken.

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Significant Medical History – Include past and present history of neurological, cardiac, respiratory or psychiatric illness. Please include dates. Use the back of this form if necessary.

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Person completing form: \_\_\_\_\_ Date: \_\_\_\_\_