

Djerassi Resident Artists Program
MEDICAL / EMERGENCY INFORMATION

Name: _____

Address: _____

Telephone (Cell): _____ (Home): _____

Date of Birth: _____ Pronouns Used: _____

Two persons whom the Djerassi Program should notify in case of serious illness (give name, address, and telephone):

1) _____ 2) _____

Briefly describe any special medical information about yourself that a physician should know in case of emergency:

Any accessibility or accommodations we should be aware of during your stay:

Name, address, and telephone number of a physician who is familiar with your personal medical history, who may be consulted in an emergency:

I fully understand that I am responsible for my medical coverage and any accrued medical coverage and bills during my stay at the Djerassi Program.

Date

Signature