



MEDICAL / EMERGENCY INFORMATION

Name: _____

Address: _____

Telephone (Cell): _____ (Home): _____

Date of Birth: _____ Pronouns Used: _____

Please list two persons whom the Djerassi Program should notify in case of emergency (name, address, and telephone):

1) _____	2) _____
_____	_____
_____	_____

Brief personal / medical information 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 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