



## Medical Information for 2016 Cuernavaca Immersion General Information

*(Please print)*

Participant Legal Name: \_\_\_\_\_

Participant Preferred Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

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### EMERGENCY INFORMATION

Emergency Contact Person: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

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### INSURANCE INFORMATION

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

Doctor/Health Care Provider: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Information:

Insurance Company: \_\_\_\_\_

Member # / Policy # / Group # (any that are applicable): \_\_\_\_\_

Insurance Company Phone No.: \_\_\_\_\_

*This is usually an 800 number and found on the back of your insurance card*

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## MEDICAL TREATMENT AUTHORIZATION

I understand this form, along with the information I provided on my original 2016 Cuernavaca Immersion Application form, will be used to judge medical attention given to me in the event of an emergency and I authorize the calling of a doctor for the providing of necessary medical services.

I agree to notify the Pacific School of Religion Contextual Learning Office ([Contexted@psr.edu](mailto:Contexted@psr.edu) | 510-849-8238) in the event of any health changes that would restrict my participation in any normal activities before and during this trip.

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*Signature*

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*Date*

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*Please print your name*

**Note: This information is intended exclusively for the use of the administrators of your immersion trip and will be shared only with those who might need to administer medical care.**