

**MEDICAL INFORMATION**  
(to accompany the Guest Application)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency contact(s):

\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

I currently take the following medications (attach separate sheet, if needed):

Medicine	Dose	Time(s) of day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies (drug, food, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Pertinent medical information or other information you would like us to know:

\_\_\_\_\_  
\_\_\_\_\_

Insurance Information (company, policy number)

\_\_\_\_\_

The information on this page is confidential. It will be destroyed at the close of the weekend.  
Thank you for your cooperation.