

DURHAM TRILLIUM QUILTERS' GUILD -MEDICAL FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Health Card Number (include version #) \_\_\_\_\_

Covid 19 Vaccination status \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Medication \_\_\_\_\_

Continue on back of form if more room required.

**Please complete form and put in sealed envelope with your name on the front.** To be used only in case of emergency. Please hand in to the convenors **PRIOR** to starting to sew. Thanks!!