

2026 Rainforest Falls - VACATION BIBLE SCHOOL
ADULT EMERGENCY INFORMATION FORM

Name: Karla Weckwert

List any pertinent health information, such as seizures, allergies (food, medications-penicillin etc.), diabetes, physical restrictions or other medical conditions that we should know about you.

Allergic to NONE

Any additional/special concerns that we need to be aware of:

NONE

IN THE EVENT OF AN EMERGENCY PLEASE CALL - Chad Koonce 608-333-2668

In case of an accident or serious illness, I hereby give permission to St. Matthew Lutheran Church to secure emergency medical and/or emergency treatment for the above named.
(non-emergency treatment is not included in this __)

HEALTH INSURANCE POLICY NAME &
Medicare Plus Blue Advantage

Hospital PREFERRED FOR EMERGENCY TREATMENT.
Beaumont Hospital
