



**Diocese of Houma-Thibodaux
 Youth Pilgrimage to the March for Life
 in Washington, DC (January 24 – January 28, 2017)**

ADDITIONAL MEDICAL
 OR
 INSURANCE UPDATE

UPDATE TO REGISTRATION FORM

USE THIS FORM IF:

- You need to add additional Medical information to the existing registration form (add medications)
- You need to update Insurance Information and send a copy of the insurance card (If your insurance provider changed on January 1)

Send this form to us no later than 12:00noon, January 20

After January 20, please plan to arrive at the Diocesan Pastoral center at 5:00AM on the morning we leave for the Pilgrimage (Tuesday, January 24, 2017).

Send this form to:

ATTN: Michelle Ohmer, Family Ministries
 FAX: 985.850.3254 or email: mohmer@hdiocese.org

Medical/Insurance Information UPDATE

Participant First Name: _____ Last Name: _____ Date of Birth: ____/____/____

Insurance Company : _____ **Policy Number:** _____

Participant's Doctor: _____ **Phone Number:** _____

Please list Participant's medical conditions, drug allergies, medication or any dietary restrictions that we should be aware of.

Allergies, if any, including medication and foods: _____

Chronic medical problems: _____

Physical restrictions, if any: _____

Medications currently taken by the Participant: _____

Reason for taking: _____

UPDATE TO REGISTRATION FORM