



**Feather Princesses, Inc.  
Retreat Emergency Contact Form**

*Please complete this form and place it in an envelope.  
Seal the envelope and clearly print your name on the front.  
Bring it with you to the retreat.*

**Your Name:** \_\_\_\_\_

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

**Emergency Contact Phone Number:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phys. Phone Number:** \_\_\_\_\_

**List any medical conditions you would want emergency personnel to know about:**

**List any medications you would want emergency personnel to know about:**

**List any allergies you would want emergency personnel to know about:**

*When you turn in your room key at the end of the Retreat, the envelope will be returned to you.*