

**Walk in Beauty: A Pilgrimage to El Camino de Santiago, Spain  
September 16-25, 2016**

Valerie Brown, Pilgrimage Leader

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**CONFIDENTIAL PRE-PILGRIMAGE MEDICAL INFORMATION FORM**

Please complete this **REQUIRED**, confidential medical information form upon registration and email it to  
[ValerieBrown95@gmail.com](mailto:ValerieBrown95@gmail.com)

**Name:**

**Address/Phone/Email:**

**Occupation/Vocation:**

**Passport Number:**

**Date of Birth:**

**Emergency Contact Information/Name and Phone Number:**

Describe any and all known medical conditions:

Describe/List all medications you currently take:

Describe any physical limitations you may have:

List the name(s) of your family doctor(s) and/or any specialist(s):

Have you signed and dated the Assumption of Risk and Waiver of Liability Form and returned it Valerie Brown and/or Lead Smart Coaching, LLC? Yes\_\_\_\_\_No\_\_\_\_\_

Do you have health insurance? Yes\_\_\_\_\_No\_\_\_\_\_

Name and policy number of medical insurance carrier:

Do you have travel insurance? Yes\_\_\_\_\_No\_\_\_\_\_

Name and policy number of travel insurance carrier:

***Please note that completion of the confidential pre-pilgrimage questionnaire, this medical information form and the Registration Form that includes Waiver of Liability and Assumption of Risk are required to be completed, signed and returned to:***

Lead Smart Coaching, LLC, 95 Old York Rd., New Hope, PA 18938  
1-215-933-9978 Phone  
1-888-563-2060 Fax

Thank you for completing this confidential questionnaire.

Buen Camino!

*Valerie*