

SPRED**Labor Day Retreat Registration Form**

For office use only

Please **COMPLETELY** fill out both sides and mail this form by: **August 13, 2021**
 Mail to: **SPRED 2121 Harrison Street, Oakland, CA 94612**

Current Date: _____

Retreatant's Name _____

First Retreat: Yes No

Phone # for retreatant
(area code) _____

Age: _____ Birthdate: _____

Complete Address

Street _____

City _____

Zip _____

Mailing Address

if different from above

Street _____

City _____

Zip _____

Living Situation:

Please give name of

Please check :

Parents

Other Family

Group Home

Independent Living

Roommate

Emergency

Contact #1:

Name _____

Relationship _____

Phone-Home _____

Cell _____

Emergency

Contact #2:

Name _____

Relationship _____

Phone-Home _____

Cell _____

Emergency

Contact #3:

Name _____

Relationship _____

Phone-Home _____

Cell _____

Very Important to fill out: Please tell us about recent changes in the life of the retreatant (***within the past year***). This information is very important and useful to the volunteer helper catechists.

 Job, School or
 Day Program

 Death of family
 or friends

Exciting events

 Eating,
 behavior issues

Form Completed by: _____

Date _____

Relationship to Retreatant _____

Phone# (Area Code) _____

E-mail _____

Please fill out other side!

Please check yes or no:

Name of Retreatant: _____

If answer is yes, please explain:

Is retreatant diabetic? YES NO

Controlled by: insulin injection pills diet

Does retreatant experience seizures? YES NO

Does retreatant need a wheelchair? YES NO

Does retreatant need a walker? YES NO

Is retreatant allergic to penicillin? YES NO

Is retreatant allergic to sulfa drugs? YES NO

Does retreatant have any other allergies? YES NO

Person requires a Mask? YES NO

Medications: NO MEDICATIONS Administered by self Needs supervision or other to administer

Please check one

For those taking prescription medications, please fill in chart below.
Please prepackage proper dosage of medications for lunch, dinner.

Medication Name	Taken For	Strength	Lunch	Dinner	PRN

Important! Please give us information on *current* health and recent surgeries or accidents (within the past year):
