

# KATHY SOUTH TRANSFORMATIONAL HEALING LLC

## Trips to John of God

Katherine South  
2595 Stanford Drive  
York, PA 17402  
[www.kathysouth.com](http://www.kathysouth.com)  
[kathysouthhealing@gmail.com](mailto:kathysouthhealing@gmail.com)

## Statement of Health

All information provided on this form is kept confidential except for emergency **purposes and unless otherwise provided herein. Please be sure to initial after items 1 through 7 and then sign.**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: (circle one) M F

Telephone day: \_\_\_\_\_ Telephone evening: \_\_\_\_\_

1. Please list any physical disabilities, allergies, conditions, past injuries or any limitations that could limit your participation on the journey.
2. What medications are you taking or will you take during the journey? Please list any precautions and side effects.
3. Have you been diagnosed with depression, schizophrenia, bi-polar disorder, epilepsy or any other psychological conditions?
4. I declare this statement is true and correct to the best of my knowledge. Should there be a need for me to receive medical treatment and I am unable to make decisions for myself, I hereby grant permission to the medical personnel, selected by the journey guides, to review my personal records or to contact the appropriate physician, psychiatrist, health professional or psychologist to obtain additional information on the conditions noted.

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5. Should there be a need for me to receive medical treatment and I am unable to make decisions for myself, I hereby grant permission to the medical personnel, selected by the journey guides to order x-rays, routine tests & any other necessary treatment for me in the event the emergency contact cannot be reached.
  
6. Should there be a need for me to receive medical treatment and I am unable to make decisions for myself, I hereby grant permission to the physician selected by Kathy South Transformational Healing LLC representative to hospitalize, secure proper treatment for, and order injections and/or anesthesia for, and/or surgery for me and/or any other necessary medical treatment.
  
7. I agree to adhere to and abide by the decision by Kathy South Transformational Healing LLC representatives regarding the suitability of my participation in the excursion.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_ by

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Notary Public