



Metastatic Breast Cancer Retreat

September 18-20, 2026

Support Person Application

GENERAL INFORMATION		
PLEASE PRINT NEATLY		
Last Name:	First Name:	Preferred Name:
Street Address		
City:	State	Zip:
Preferred Contact Number:	Alternate Number:	Date of Birth:
Email Address (please print neatly —this is extremely important):		Preferred way to contact:
Relationship to Patient:		
EMERGENCY CONTACT		
Name:		Relationship:
Preferred Contact Number:	Alternate Number:	
RETREAT INFORMATION		
The following information will help us make sure you are able to enjoy your time while at the retreat.		
Food Allergies:		
Food Preferences (Vegetarian, etc.)		
Do you use a walker/cane?	Can you walk one block without stopping?	
Do you have a C-Pap or Bi-Pap?	Do you use oxygen at bedtime?	
Do you have any other limitations we should be aware of?		

MEDICAL INFORMATION

(for first aid or emergency health care needs at camp)

Medication Allergies

Type of reaction

BEE STING ALLERGY Yes / No

If yes, do you have a prescription for an EPI pen? Yes / No

MEDICATION LIST

(if you need more space, use a separate sheet of paper)

Name of medication

Reason taking

Dose

Time of day

Date of last Tetanus or Tdap:

Important Note: ELOHEE does not provide epi pens or inhalers. If you have allergies or asthma, you **MUST** bring your own epi pen and inhaler(s) and carry them with you **AT ALL TIMES** during the retreat

Signature_____

Date_____