ADULT PERMISSION-MEDICAL RELEASE FORM

(One form is needed for each adult in attendance. Keep this form with you at the event.)

Name _____
Birth Date _____/_____/_____ Age_____
Address _____
City _____State _____Zip _____

Name of Church Group _____Pastor's Name_____
Reason for Outing _____
Date _____ Location_____ Shirt Size_____

Emergency Contact _____
Home Phone (_____)_____ Work Phone (_____)_____
Other Person to Notify in Case of Emergency_____
Relationship _____
Day Phone (_____)_____Evening Phone (_____)_____

Bring this Original completed form with you to the event.

DO NOT MAIL.

PLEASE SUPPLY ALL OF THE FOLLOWING INFORMATION.
***PLEASE* ATTACH A COPY OF YOUR INSURANCE CARD.**
Medical Insurance Company Name _____
Group# _____ Policy # _____
Company Address _____
City _____State _____ Zip _____
Phone (_____)_____

PHYSICAL LIMITATIONS (Asthma, diabetes, etc) AND/OR SPECIAL INSTRUCTIONS (rare blood type, wears contacts, etc)

_____
ALLERGIES (Medications, food, bee stings, etc.)

_____
LIST ALL MEDICATION TAKEN ON A REGULAR BASIS AND/OR ANY YOU BRING WITH YOU (Prescription medications must be in original pharmacy labeled containers.) No plastic bags with loose pills._____

_____
DATE OF LAST TETANUS SHOT_____
PERMISSION TO GIVE TYLENOL OR OTHER OVER THE COUNTER MEDICINE
_____YES_____NO

I HEREBY GIVE PERMISSION FOR MYSELF TO PARTICIPATE IN THE OUTING NAMED ABOVE AND UNDERSTAND THAT THE CHURCH AND ADULT SPONSORS CANNOT ASSUME LIABILITY FOR ACCIDENT OR INJURY TO PARTICIPANTS. IN THE EVENT OF AN EMERGENCY THAT I CANNOT RESPOND AND AN EMERGENCY CONTACT CANNOT BE REACHED, I HEREBY GIVE PERMISSION FOR THE PHYSICIAN SELECTED TO HOSPITALIZE, PROVIDE PROPER TREATMENT, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MYSELF .

Signed _____
Date _____