

Adult Medical Information 2020-2021 **ALLERGIES:** _____

Adult/Leader Information:

Name _____ MALE FEMALE

Home address _____ City, St, Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ DOB _____

Email address _____

Emergency Contact:

Name _____ Cell Phone (____) _____ - _____

Medical Information:

Doctor Name _____ Phone (____) _____ - _____

Name and reason for all medication taken regularly _____

Health Problems or Chronic Conditions _____

Last Tetanus Shot _____

Insurance Carrier _____ Plan: PPO HMO OTHER

Member ID/Policy# _____ Verification Phone # _____

Effective immediately, I assume all risk and hazards and do hereby release and agree to hold harmless St. Peter's United Methodist Church (the church) and its servants, volunteers, agents, and employees from all liability for personal injury or property damage for all actions taken in good faith during the church activities. In the event I cannot be reached or cannot communicate in an emergency, I hereby give my permission to the physician, hospital, or medical service selected by the leaders of the church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child or myself as named above. It is understood that a conscientious effort will be made to communicate with me or the emergency contact listed before any action is taken. I accept responsibility for any and all expenses incurred from medical treatments provided. I have read this release and understand its terms and execute it voluntarily and with full knowledge of its significance.

Printed Name _____

Signature _____ Date _____