MEDICAL RELEASE FORM - ADULTS

DATE________________________________

NAME:____BIRTHDATE:__________________
ADDRESS:____HOME PHONE:_________________
CELL PHONE NUMBER:________________________________
PLACE OF EMPLOYMENT:______________________________WORK PHONE:__________________
SPOUSE NAME:____
PLACE OF EMPLOYMENT:______________________________WORK PHONE:__________________
SPOUSE'S CELL PHONE NUMBER:__________________________

IF EMERGENCY, AND SPOUSE CAN'T BE REACHED, PLEASE CALL:
NAME:____PHONE:______________________
NAME:____PHONE:______________________

PHYSICIAN'S NAME ____________________________________ **PHONE:**____________________

PLEASE LIST ANY:
ALLERGIES:____________ **(See back of form)** ______________________________
MEDICATIONS:____
HOSPITAL WITH RECORDS:____
ANY HEALTH PROBLEMS:____
DATE OF LAST TETANUS SHOT:____

PRIMARY INSURANCE:____
POLICY NUMBER:_____________________________ GROUP NUMBER:_________________________

Please Attach A Copy Of Your Current Insurance Card.

I give my permission to any authorized personnel of Immanuel Baptist Church to take emergency measures deemed necessary for my care and protection. In case of accident or illness, I understand that I will be taken to an appropriate medical facility for treatment. It is understood that in severe situations, the adults in charge may contact the local emergency resource before my spouse or my physician.

I understand that any expenses incurred will be my responsibility.

SIGNATURE:____DATE:________________________

NOTARY:______________________________________STATE:______________COUNTY:______________
DATE:________________________________MY COMMISSION EXPIRES:___________________________

NOTE: THIS RELEASE WILL REMAIN IN EFFECT UNTIL December 2021

Please list ALL medications you are currently taking.

Date	Medication	Dosage	How many times a day?