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:_____

MEDICATIONS:(See back of form)_____

HOSPITAL WITH RECORDS:_____

ANY HEALTH PROBLEMS:_____

DATE OF LAST TETANUS SHOT:_____

PRIMARY INSURANCE:_____

POLICY NUMBER:_____ GROUP NUMBER:_____

Please Attach A Copy Of Your 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 2019

Please list ALL medications you are currently taking.

Date	Medication	Dosage	How many times a day?