

Date: \_\_\_\_\_

# Adult Emergency Medical Information

## Personal Information:

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Church Name: \_\_\_\_\_ Church Phone #: \_\_\_\_\_

## Medical Information:

Any current medical conditions or problems? \_\_\_\_\_

\_\_\_\_\_

Allergies and effects? \_\_\_\_\_

\_\_\_\_\_

Taking any prescription medicine? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Past Medical history/injuries we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Insurance Information:

Insurance Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

In case of EMERGENCY call: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby release the Shreveport District, Centenary College, all participating churches, owners of all worksites, the staff, and all volunteer counselors of any liability in the event of accident or injury. I also agree that in the event of an emergency where medical treatment is required, the staff or church sponsors may to obtain the services of a licensed physician, if an attempt to notify my emergency contact is made immediately concerning any such emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Louisiana  
 \_\_\_\_\_ Parish

Sworn to and subscribed before me, notary, on this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
 Notary Public