

Effective Year: _____



Medical History and Consent Form (ADULT)

(please print)

Name _____ Birth date _____

Address _____ Home phone _____

City/State/Zip _____

Emergency Contact (Relative, Neighbor, Friend): Name _____

Relationship: _____ Phone _____

.....
Allergies or medical conditions we should be aware of:

Medications taking now:

Any restrictions on physical activity:

Last tetanus shot:

.....
Physician/Insurance Information:

Doctor's name _____ Doctor's phone _____

Insurance company name _____ Phone number _____

Policy Holder _____ Policy number _____
.....

Medical Treatment and Liability Release:

In order that I may receive any necessary medical treatment in case of injury or illness while participating in a Powder Springs First United Methodist Church activity, I hereby authorize the leaders to obtain and consent to medical treatment for me should it be necessary. In the case of an emergency, I understand that every effort will be made to contact the emergency contact of the participant. In the event that the Emergency Contact listed above cannot be contacted, I give permission for the designated adult in charge to select a physician, to hospitalize, to secure proper treatment for, and to order injection, anesthesia, or surgery for me as listed above.

I release and discharge Powder Springs First UMC, its staff, and volunteers from any and all debts, judgments, or suits of any kind which may arise from the applicant's participation in this event.

Participant Signature _____ Date _____