

MEDICAL RELEASE FORM

ADULT

EFFECTIVE FOR ALL TRIPS AND/OR FUNCTIONS WITH THE SUNSET CHURCH OF CHRIST
FOR THE YEAR OF 2010 - 2011

NAME: _____
ADDRESS: _____ BIRTHDATE: _____
PHONE NUMBER: _____

MEDICAL INFORMATION

PHYSICIAN'S NAME and TELEPHONE #	DRUG ALLERGIES	CURRENT MEDICATIONS

LIST ALL PERTINENT MEDICAL PROBLEMS: _____

IN CASE OF EMERGENCY, CONTACT:

NAME: _____ CELL PHONE: () _____
HOME PHONE: () _____ BUSINESS PHONE: () _____

MEDICAL INSURANCE INFORMATION:

POLICY HOLDER: _____ GROUP #/ POLICY # _____
INSURANCE CO.: _____
INSURANCE PHONE #: () _____

SUNSET CHURCH OF CHRIST MEDICAL INSURANCE: Accidental medical benefits are provided for members and guests while involved in any church sponsored event. The limit per person is \$5,000.00. Organized sporting events and automotive related injuries are excluded. Automotive related injuries are provided for under the vehicle policy with a limit of \$2,500.00 per person. There is no coverage under these policies for sickness whether sudden or not, unless caused by a covered accident.

MEDICAL RELEASE:

I give my permission to the staff or adult sponsors of the Sunset Church of Christ to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my well being.

SIGNED: _____ DATE: _____

ADULT Medical Release Form - Page 2 of 2

Medical information for: _____
 (Name)

Please indicate if you have ever been treated for the following conditions:

	YES	NO	Under Current Treatment?	Past Treatment? (Indicate Dates)	List Current Medications:
ADD or ADHD?					
Anxiety?					
Asthma?					
Allergies?					
Bleeding Disorders?					
Broken Bones? (Please indicate)					
Depression?					
Diabetes?					
Epilepsy?					
Fainting (unexplained)?					
GERD?					
Head Injury?					
Heart Problems? (Please indicate)					
Hypertension?					
Hypotension?					
Intestinal Problems?					
Psychiatric Problems?					
Seizures (of any kind)?					

Other:

COMMENTS OR DIRECTIONS FOR CARE:

Signed: _____

Date: _____