

**THIS FORM MUST BE NOTARIZED**

Name of Church \_\_\_\_\_

Today's Date \_\_\_\_\_

City \_\_\_\_\_

# ADULTS

## EMERGENCY MEDICAL RELEASE FORM

**Each attendee** must turn in this Emergency Medical Release form before she will be permitted to participate in District Girls Ministries event activities. **Please turn in upon arrival**, and pick up before departure for home.

**DO NOT SEND THIS FORM TO THE DISTRICT OFFICE.**

NAME \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

In Case of Emergency, PLEASE NOTIFY:

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical/Hospital Insurance Carrier \_\_\_\_\_ Policy/Group # \_\_\_\_\_

\*\*\*ATTACH A COPY OF INSURANCE CARE – FRONT AND BACK

Are you a member of HMO? \_\_\_\_\_ Policy # \_\_\_\_\_

Date of last examination \_\_\_\_\_ Is activity restricted? \_\_\_\_\_ No \_\_\_\_\_ Yes

Explain: \_\_\_\_\_

**IMMUNIZATIONS:** (Last date given)

\_\_\_\_\_ Polio \_\_\_\_\_ Tetanus / Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_ Mumps

**CHRONIC/RECURRING CONDITIONS:** (Please check any that apply)

\_\_\_\_\_ Seizure Disorders \_\_\_\_\_ Diabetes \_\_\_\_\_ Fainting \_\_\_\_\_ Headaches

\_\_\_\_\_ Heart Disease \_\_\_\_\_ Kidney Disease \_\_\_\_\_ Nosebleeds \_\_\_\_\_ Asthma / Respiratory problems

Other: \_\_\_\_\_

**ALLERGIES:** (Check all that apply; be specific. List possible reactions. If no allergies, circle..... NONE)

\_\_\_\_\_ Animal \_\_\_\_\_ Plants \_\_\_\_\_

\_\_\_\_\_ Food \_\_\_\_\_ Pollen \_\_\_\_\_

\_\_\_\_\_ Insect Bites \_\_\_\_\_ Medicines / drugs \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Current medications: \_\_\_\_\_

Do you wear: \_\_\_\_\_ Contact Lenses \_\_\_\_\_ Glasses \_\_\_\_\_ Dental appliance \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
ADULT'S SIGNATURE

\_\_\_\_\_  
Address / City / Zip

(\_\_\_\_\_) \_\_\_\_\_  
Phone

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary