

Name of City: _____

Name of Church: _____

Adult

EMERGENCY MEDICAL AND CONSENT 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 TO DISTRICT OFFICE

Name: _____ Date of Birth: ____/____/____

Home Address: _____ City: _____ State: ____ Zip: _____

In case of Emergency, Please notify

Name: _____ Phone: (____) _____ - _____

Relationship: _____

Insurance Carrier: _____ Insurance Phone: (____) _____ - _____

Insurance Policy and/or Group Number _____

Policy Holder Name: _____ Coverage start: _____ Coverage End: _____

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

Seizure Disorders Diabetes Fainting Headaches Heart Disease Kidney Disease

Nosebleeds Asthma / Respiratory problems Sleepwalking Other: _____

IMMUNIZATIONS: (Last date given) _____ Tetanus Shot

ALLERGIES: Do you have allergies: (circle one) YES NO

If Yes please explain: _____

Current Medications: _____

OTHER: Is there anything else we should know?: _____

SIGN HERE: _____

Signature

Print)

Date