

## ADULT PERMISSION-MEDICAL RELEASE FORM

(One form is needed for each adult in attendance. Keep a copy of each form with you.)

Name \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Church Group \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
Reason for Outing \_\_\_\_\_  
Date \_\_\_\_\_ Location \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Other Person to Notify in Case of Emergency \_\_\_\_\_  
Relationship \_\_\_\_\_  
Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Bring this  
Original  
completed  
form with  
you to the  
event.

**DO NOT**  
**MAIL.**

***PLEASE SUPPLY ALL OF THE FOLLOWING INFORMATION.***

***PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.***

Medical Insurance Company Name \_\_\_\_\_  
Group# \_\_\_\_\_ Policy # \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

PHYSICAL LIMITATIONS (Asthma, diabetes, etc) AND/OR SPECIAL INSTRUCTIONS (rare blood type, wears contacts, etc)

ALLERGIES (Medications, food, bee stings, etc.)

LIST ALL MEDICATION TAKEN ON A REGULAR BASIS AND/OR ANY YOU BRING WITH YOU (Prescription medications must be in original pharmacy labeled containers.) No plastic bags with loose pills.

DATE OF LAST TETANUS SHOT \_\_\_\_\_  
PERMISSION TO GIVE TYLENOL OR OTHER OVER THE COUNTER MEDICINE  
\_\_\_\_\_ YES \_\_\_\_\_ NO

I HEREBY GIVE PERMISSION FOR MYSELF TO PARTICIPATE IN THE OUTING NAMED ABOVE AND UNDERSTAND THAT THE CHURCH AND ADULT SPONSORS CANNOT ASSUME LIABILITY FOR ACCIDENT OR INJURY TO PARTICIPANTS. IN THE EVENT OF AN EMERGENCY THAT I CANNOT RESPOND AND AN EMERGENCY CONTACT CANNOT BE REACHED, I HEREBY GIVE PERMISSION FOR THE PHYSICIAN SELECTED TO HOSPITALIZE, PROVIDE PROPER TREATMENT, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MYSELF .

Signed \_\_\_\_\_  
Date \_\_\_\_\_