



Adult Emergency Information

This is for use in an emergency, for on site or off site events. Please contact Education Administrative Assistant when you need to update this form. All forms are updated yearly.

Name

_____ Birth Date ____/____/____ Sex ____ Age ____
First M.I. Last Mon. Day Year

Home Address: _____ Phone (____) _____
Street number or Box City State Zip

Emergency Contact: _____ Cell (____) _____

Second Emergency Contact:

Name _____ Relationship _____ Phone (____) _____

Health Information

I am current on all immunizations (*initial here*) _____

Allergies (*medications, foods, etc*) _____

Medications (*dosing instructions*) _____

Physical or Dietary Restrictions/Medical Conditions _____

Special needs information: _____

Name of primary physician _____ Phone (____) _____ After Hours(____) _____

Hospital Preference _____

Insurance Information (*Please attach a copy of insurance card*)

Name of Medical/Hospital Insurance Carrier _____ Phone(____) _____

Address _____
Street number or Box City State Zip

Policy Number _____ Group Number _____

I do not currently have health insurance

Emergency Authorization: In the event of an emergency, I hereby give permission to the physician selected by the First Presbyterian Church-Dallas adult in charge to hospitalize, secure proper treatment for, and to order injection and or anesthesia and /or surgery for the individual named above. I give my permission for this form to be photocopied and kept on file for on and off site events. I further authorize an FPC representative to receive and communicate necessary information regarding my medical status.

Signature _____ Date _____