



United Methodist Ministries

Medical Release Form for Adults (over 18 years old)

Personal Information

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

Medical Information

Doctor's Name _____

Address _____

City _____ State _____ Zip _____

Doctor's Phone _____

Current Medication _____

Allergies _____

More information requested on back of form.

Insurance Information

Medical Insurance Company _____

Phone Number _____

Insurance Agent _____

Policy # _____

Address _____

City _____ **State** _____ **Zip** _____

Please attach copy of insurance card to this release form

Special Health Concerns/Problems _____

Signed: _____

Date: _____