

Medical and Consent Form for Adults

Make sure to fill out parts 1, 2, & 3 as well as sign and date parts 4 and 5.

Part 1: Emergency Contact Information

Emergency Contact Name: _____

Home Address: _____

Contact Phone(s): _____

Email Address: _____

In the event that I/we cannot be reached, please contact: _____

Relationship: _____ Alternate Person Contact Phone(s): _____

Part 2: Family Physician Info and Insurance Company Info

Family Physician: _____ Phone: _____

Pref. Hospital: _____

Insurance Carrier: _____ Policy # (if available): _____

Insurance Company Phone Number: _____

Part 3: Adult Information

Name: _____

Age: _____ DOB: _____

Allergies, Medications, Med Conditions?

Part 4: Authorization for Medical Care

In the event that should require a medical, dental, or surgical diagnosis; x-ray examinations; and/or hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, and I hereby authorize any volunteer or paid staff of St. John's Lutheran Church to act on my behalf, and to authorize medical care on my behalf.

I release the above-mentioned individuals, and St. John's Lutheran Church, from any liability for accidents, injuries, or any other problems I may encounter during meetings or events.

Signature: _____ Date: _____

Part 5: Photo Liability Waiver

I also realize that I may have photographs take during St. John's meetings or events. I waive the right to inspect or approve the photo if used for publications or publicity(all photos used will of course be tasteful/appropriate).

Signature:_____ Date:_____

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