

## Personal Information

Name \_\_\_\_\_  
*First MI Last*

Address \_\_\_\_\_  
*Street Address City State Zip*

Phone Numbers \_\_\_\_\_  
*Home Work Other (Cell, Beeper)*

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Blood Type \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

Allergies or Activity Restrictions \_\_\_\_\_

Current Medications (Please include medication name and dosage)

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## Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First Last st*

Phone Numbers \_\_\_\_\_  
*Home Work Other (Cell, Beeper)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First Last st*

Phone Numbers \_\_\_\_\_  
*Home Work Other (Cell, Beeper)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First Last st*

Phone Numbers \_\_\_\_\_  
*Home Work Other (Cell, Beeper)*

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

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## Church Activity

I understand that in the event emergency medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. I understand that my insurance will be the primary coverage for necessary treatment and that I am responsible for items not covered by my insurance. I understand that all reasonable safety precautions will be taken at all times. I also understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold New Hope Baptist Church, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Please Read and Initial: \_\_\_\_\_ In the event I cannot be reached in an emergency during an event, I give my permission for the event leader(s) to secure appropriate medical attention for my child as deemed necessary.

**(For children under 18 years of age the parent or legal guardian should sign below)**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_