

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)

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 _____

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 _____