

**Burke Community Church**  
**2018-19 LEADER EMERGENCY CARE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Group No. \_\_\_\_\_

Physician Name and Phone: \_\_\_\_\_

Allergies (medication or other): \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_