

**FIRST PRESBYTERIAN CHURCH**

101 Legends Club Lane, Franklin, TN, 37069

**ADULT MEDICAL INFORMATION FORM (CONFIDENTIAL)  
(2018—2019)**

Legal Name: \_\_\_\_\_ Preferred Name (nickname): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Social Security Number (optional; full or last 4 numbers - speeds insurance verification): \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_ Group #: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ Subscriber ID #: \_\_\_\_\_  
Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Significant / Ongoing MEDICAL CONDITIONS:** Physical problems, limitations, major operations or serious injuries (within the last 2 years) that medical personnel should know for medical treatment; ex: bone or joint injuries, back problems, high blood pressure, diabetes, asthma/respiratory problems, migraines, etc.:

NONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** Food, drugs, insects, environmental, etc: **NO KNOWN ALLERGIES**

\_\_\_\_\_

**MEDICATIONS:** Please list prescription and non-prescription drugs taken regularly which should be made known to medical personnel for medical treatment. **NO MEDICATIONS**

<u>Drug Name</u>	<u>Dosage</u>	<u>Treatment for</u>

Date of last **Tetanus** shot: \_\_\_\_\_

Any other information that medical personnel should know for medical treatment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information** - Please list at least two (2) contact names and phone numbers:

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>RELATIONSHIP</u>

I give designated adults at First Presbyterian Church events permission to engage medical help for me should an emergency medical situation arise while I am attending or participating in any First Presbyterian Church event. I certify that the above information is accurate and complete to the best of my knowledge.

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