

**ADULT PARTICIPANT
HEALTH INFORMATION AND AUTHORIZATION**
(not to be used as a volunteer form)



PARTICIPANT'S PERSONAL INFORMATION:

FULL NAME: _____

ADDRESS: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL: _____

LIST TWO (2) EMERGENCY CONTACTS

(1) _____
NAME ADDRESS PHONE

(2) _____
NAME ADDRESS PHONE

MEDICAL INFORMATION: (Please continue on the back should you need additional space for this information.)

DAILY MEDICATION: _____

ALLERGIES: _____

ARE YOU DIABETIC? _____ YES _____ NO DO YOU HAVE HIGH BLOOD PRESSURE? _____ YES _____ NO

OTHER HELPFUL INFORMATION: _____

PRIMARY PHYSICIAN NAME AND TELEPHONE NO: _____

INSURANCE INFORMATION:

NAME OF INSURED: _____

COMPANY: _____ POLICY NO.: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

(Notary Public required – Notary MUST witness your signature—do not sign until in front of Notary, please!)

TO BE SIGNED BY PARTICIPANT 18 YEARS OF AGE OR OLDER: In the event that I am in need of medical assistance and am unable to authorize such assistance, I hereby authorize the Garber Methodist Church adult leader in charge of the event in which I am participating to request medical assistance on my behalf.

SIGNATURE OF PARTICIPANT

DATE

Sworn to and subscribed before me this the _____ day of _____, 20_____.

Notary Public My Commission Expires: _____ (SEAL)