

ADULT EMERGENCY FORM 2011-12

Last Name:	First Name:
Address:	
City/State:	
Zip Code:	
Home Phone #:	
Cell Phone #:	Work Phone #:
In Case of Emergency Contact: (Name/Relationship to you AND Phone #)	
Name:	
Home Phone #:	
Cell Phone #:	Work Phone #:
Doctor's Name:	
Doctor's Phone #:	
ID Number or Birthday: (<i>identification number your doctor uses</i>)	
Preferred Hospital:	
Hospital Phone #:	
Food Allergies:	
Medicine Allergies:	
List of Medication and Dosage:	
Health Insurance Provider Name:	
Policy #:	
Phone #:	

Should an emergency medical treatment be necessary, I, _____, give permission for sponsors to act on my behalf and approve medical treatment. I hereby grant permission for an attending physician or hospital to administer medical care if deemed necessary by the sponsors. I also hereby release from any liability Hermitage Hills Baptist Church and any and all adult sponsors of Hermitage Hills Baptist Church. I understand that this permission slip is valid from September 1, 2011 through September 30, 2012. Should any information change before that time, it is my responsibility to complete and update the permission slip.

Please sign here in the presence of a Notary.

Notary

_____ personally appeared before me, and in my presence executed this within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, 20_____.
My commission expires _____.

Notary Public _____