MEDICAL RELEASE FORM

ADULT

EFFECTIVE FOR ALL TRIPS AND/OR FUNCTIONS WITH THE ADVENTURES IN MISSIONS PROGRAM FOR THE YEAR OF _____

NAME: _____

ADDRESS: _____ BIRTHDATE: _____

PHONE NUMBER: _____ _____

MEDICAL INFORMATION

PHYSICIAN'S NAME and TELEPHONE #	DRUG ALLERGIES	CURRENT MEDICATIONS

LIST ALL PERTINENT MEDICAL PROBLEMS: _____

IN CASE OF EMERGENCY, CONTACT:

NAME: _____ CELL PHONE: ( )

HOME PHONE: ( ) BUSINESS PHONE: ( )

MEDICAL INSURANCE INFORMATION:

POLICY HOLDER: _____ GROUP #/ POLICY #

INSURANCE CO.: _____

INSURANCE PHONE #: ( )

SUNSET CHURCH OF CHRIST MEDICAL INSURANCE: Accidental medical benefits are provided for members and guests while involved in any church sponsored event. The limit per person is $5,000.00. Organized sporting events and automotive related injuries are excluded. Automotive related injuries are provided for under the vehicle policy with a limit of $2,500.00 per person. There is no coverage under these policies for sickness whether sudden or not, unless caused by a covered accident.

MEDICAL RELEASE:

I give my permission to the staff or adult sponsors of the Adventures in Missions Program to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my well being.

SIGNED: _____ DATE: _____

Please turn page over and complete page 2

Medical information for: _____
(Name)

Please indicate if you have ever been treated for the following conditions:

	YES	NO	Under Current Treatment?	Past Treatment? (Indicate Dates)	List Current Medications:
ADD or ADHD?					
Anxiety?					
Asthma?					
Allergies?					
Bleeding Disorders?					
Broken Bones? (Please indicate)					
Depression?					
Diabetes?					
Epilepsy?					
Fainting (unexplained)?					
GERD?					
Head Injury?					
Heart Problems? (Please indicate)					
Hypertension?					
Hypotension?					
Intestinal Problems?					
Psychiatric Problems?					
Seizures (of any kind)?					

Other:

_____

_____

COMMENTS OR DIRECTIONS FOR CARE:

_____

_____

_____

_____

_____

_____

_____

Signed: _____ Date: _____