



ADULT MEDICAL INFORMATION AND RELEASE FORM

(Must be completed, signed and notarized to be valid.)

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone # home _____ work _____ cell _____

Birth date _____ Age _____ E-Mail _____
MM / DD / YY

Spouse's Name _____ Spouse's Employer _____

Phone # home _____ work _____ cell _____

E-mail _____

Emergency Contact Person other than spouse (adult 18 or older):

Phone # home _____ work _____ cell _____

Doctor's Name _____ Phone # _____

Date of last tetanus shot _____ Allergies (environmental and/or food)

Medical history/health problems/concerns (diabetes; epilepsy; heart murmur; etc.)

Medication (OTC or prescription) you **CANNOT** take _____

Medication (OTC or prescription) you **REGULARLY** take _____

Insured by _____ Verification Phone # _____

ID # _____ Group # _____

Insured's Name _____ Insured's DOB _____

Revised 3/2010

(DO NOT SIGN below until you are in the presence of a notary public.)

WAIVER OF RESPONSIBILITY

I, the undersigned, release and discharge Custer Road United Methodist Church, its agents, employees, and any and all persons concerned therewith from any and all liability, claims and causes of action of any type whatsoever arising out of or in any way connected with said minor's participation in the activities of Custer Road United Methodist Church.

Signed _____

MEDICAL RELEASE

I hereby give my permission to be treated by authorized, licensed, medical personnel as a result of an accident or medical emergency while involved in the activities of Custer Road United Methodist Church.

Signed _____

(For Notary Use only - Do not complete)

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that s/he exacted the name for the purpose therein expressed.

Subscribed and sworn before me this _____ day of _____, 20____.

S E A L

Notary Public in and for _____ (County), _____ (State)