St. John's United Church of Christ

Health & Medical Information - Adult

Name			Birth Date
Address			,
City	State		Zip Code
()	()		Lip code
Phone	Other Phone		
Emergency Contact Information			
Emergency Contact Name	Emergency Contact Phor	ne	
I hereby authorize the group leader(s) to prov to a medical facility if I or my emergency conta to contact my identified emergency contact pe	act cannot give consent. I unders	t aide and or tra tand that every	ansportation veffort will be mad
Disalata		YES	NO
Disclaimer Ry signing holow, I horoby docling to many items.	Library and the second		
By signing below, I hereby decline to provide a sponsored activities is taken at my own risk.	idditional health/medical informa	tion. My partic	ipation in church
	SIGNATURE		DATE
Physician Information			
Name	Phone Number		-
	_		
	Phone Number No If yes, please explain:		-
Are activities restricted: Yes	_		
re activities restricted: YesYes	_		
re activities restricted: Yes] No If yes, please explain:	out:	·
Are activities restricted: Yes lealth History Allergies:] No If yes, please explain:	out:	·
Are activities restricted: Yes lealth History	No If yes, please explain:	out:	
lealth History Allergies: Do you have any allergies or medical of the following the following control of the following co	No If yes, please explain:		
Are activities restricted: Jealth History	No If yes, please explain:	out: Other	Inhaler
lealth History Allergies: Do you have any allergies or medical of the following Contact Lenses Epipen	No If yes, please explain: condition that we should know ab		Inhaler
Are activities restricted: Yes Pealth History	No If yes, please explain: condition that we should know ab		Inhaler
Are activities restricted: Yes Lealth History Allergies: Do you have any allergies or medical of the following Contact Lenses Glasses	No If yes, please explain: condition that we should know ab		Inhaler
Are activities restricted: Yes Pealth History	No If yes, please explain: condition that we should know ab		Inhaler