

**St. John's United Church of Christ**

**Health & Medical Information - Adult**

The Group Leader takes a copy along with any trips and leaves a copy with the church.

**Personal Information**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) ( )

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

I hereby authorize the group leader(s) to provide or arrange for emergency first aide and or transportation to a medical facility if I or my emergency contact cannot give consent. I understand that every effort will be made to contact my identified emergency contact person before action is taken.

YES  NO

**Disclaimer**

By signing below, I hereby decline to provide additional health/medical information. My participation in church sponsored activities is taken at my own risk.

\_\_\_\_\_  
SIGNATURE DATE

**Physician Information**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Are activities restricted:  Yes  No If yes, please explain: \_\_\_\_\_

**Health History**

**I. Allergies:**

Do you have any allergies or medical condition that we should know about:

\_\_\_\_\_

**II. Check if you wear or use any of the following:**

Contact Lenses  Glasses  Dental Appliance  Other \_\_\_\_\_  
 Epipen  Glucopen  Inhaler \_\_\_\_\_

**Please List Any Medications We Should Be Aware Of.**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE