

North Texas Conference Adult Medical Form

Personal and Medical information

Name _____ Birth Date _____ Age _____

Address _____

Home Phone _____

Father's Name and Work # _____

Mother's Name Work # _____

Physician's Name & Phone _____

Date of Last Tetanus Shot _____ Allergies: (food-meds-insects, etc) _____

Medical History (diabetes-epilepsy-heart murmur, etc.) _____

Emergency Contact _____ Phone _____ Relationship _____

Insurance Information

Group or Family Hospitalization Insurance Company _____

Insurance Company's Address _____

Agent's Name & Phone # _____

Group # _____ Policy # _____

Waiver of Responsibility

I, _____, hereby release the church, its staff and volunteer counselors of any liability in the event of accident or injury.

Signed _____ Date _____

Notarization

Before me, the undersigned authority, _____, on this day personally appeared
known to me to be the person whose name is subscribed to the above and foregoing instrument and acknowledge to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20_____.

Signed _____, Notary Public, State of Texas