Rev. April 2014

EXTENDED MEDICAL - ***For an 18 year or older ADULT-***

AUTHORIZATION AND RELEASE FORM

The Lamb's Chapel @ Haw River Christian Church
415 Roxboro Street, Haw River, NC 27258 336-578-0291

_____
NAME

Home Phone # (_____) _____

Cell # (_____) _____

Cell # (_____) _____

PURPOSE OF THIS FORM:

This form gives licensed physician consent to give treatment in the case of an emergency while the person listed here is involved with any event or trip associated with The Lamb's Chapel @ Haw River Christian Church. If an emergency arises, every effort will be made to notify the nearest family. This form releases the church, church officials, members and other adult chaperones of any liability in the event any student or adult is injured or has a medical emergency that occurs while on a church-related trip. This form is good for one year following the stated date of signature.

I have read all the literature about the event/trip. I furthermore authorize the Pastor, Associate Pastor, Youth or Children's Pastor and/or other adult chaperones to seek medical treatment on my behalf if necessary.

Signature _____ Date:_____

Please print Full Name:_____ Date of Birth_____ / _____/ _____

Address:_____ State_____ Zip _____

Emergency Telephone Numbers: 1. _____ 2. _____
(Another relative/person to contact – someone not going on this trip/event with you)

E-mail address:_____

MEDICAL INFORMATION:

ALLERIGIES:
Please check below IF you have sensitivity or **allergies** to:
□ Bee Sting □ Nuts □ Dairy □ Latex □ Other_____

Required medications: _____

_____

CONDITIONS: Please check below IF you have:
□ Asthma □ Diabetes □ Kidney Injuries □ Seizure Disorder □ Heart Condition
□ Other Medical Conditions: _____

Required medications: _____

Other medications:_____

_____

Physician: _____

Physician's Telephone:_____

Insurance Company: _____

Policy #: _____

☐ Please see further medical or other needed information written on the back of this form (or attached to this form)