

FORM XXIIIIG
Medical Information, Consent to Medical Treatment and Release
Adult Participant

HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES

Event: _____

Group Leader: _____ Group Name: _____

Name: _____ M/F: _____ Date of Birth: _____

Home Address: _____ Town, State, Zip: _____

Phone Numbers: Day () _____ Evening: () _____

Please check:

_____ Chaperone _____ Participant (under 21, parents must complete Teen form also)

In the event of a medical emergency, please contact:

Name: _____ Relationship: _____

Address: _____ Town, State, Zip: _____

Phone: Day () _____ Evening () _____ Mobile () _____

Medical Information:

Primary Doctor: _____ Phone: () _____

I am currently taking the following medications:

Name of Medications: _____ Nature of Medication: _____

Prescribing Physician: _____ Phone: () _____

Please identify any medical condition(s) you have:

Allergies to medicine(s): _____ Other Allergies: _____

Insurance Carrier: _____ Plan: _____ Policy #: _____

*** You must have your insurance card with you at all times**

Medical Consent and Release

*In case of medical emergency, in the event I am unable to speak for myself, I hereby consent and give my permission to be diagnosed, treated, and/or medicated in accordance with standard medical practice, by licensed medical personnel.

*I/We hereby release any and all claims against _____ Church, the Youth Group of _____ Church, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries which may arise from such medical treatment.

*I/We agree to indemnify and hold harmless _____ Church, the Youth Group of _____ Church, the Diocese of Camden, New Jersey and their respective agents, servants, employees, officers, trustees, administrators and volunteers, from and against any claim or claims brought on my behalf.

*I/We agree to accept any and all financial responsibility as a result of such treatment and the scheduling of such treatment.

Signature: _____

Print Name: _____

Date: _____