2017-2018
Adult Medical Release Form (Ages 18 and up)

Last Name: _____ **First Name:** _____

Address: _____**City/State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Date of Birth: _____

In Case of Emergency Contact - Name: _____ **Relation:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Doctor's Name: _____ **Doctor's Phone:** _____

Preferred Hospital: _____ **Phone:** _____

Food Allergies: _____

Medicine Allergies: _____

List of Medication and Dosage: _____

_____

Health Insurance Provider Name: _____

Policy #: _____

Phone: _____

*Please staple an additional page for medications if needed.

Should any emergency medical treatment be necessary, I, the above mentioned, give permission for sponsors to act on my behalf and approve medical treatment. I hereby grant permission for an attending physician or hospital to administer medical care if deemed necessary by the sponsors. I also hereby release from any liability Hermitage Hills Baptist Church and any and all adult sponsors of Hermitage Hills Baptist Church. I understand that this permission slip is valid from ***August 1, 2017 through August 31, 2018***. Should any information change before that time, it is my responsibility to complete and update the permission slip.

Please sign here in the presence of a Notary.

X_____

Notary

The above signed has personally appeared before me, and in my presence executed this within and foregoing permission and release form.

Witness my hand and official seal this_____day of_____, 20_____.

My commission expires_____.

Notary Public_____

Hermitage Hills baptist church
where life change happens