



Soapstone United Methodist Church
Information, Permission and Medical Release Form
for Adults

Name _____ Date of birth ____/____/____
Last First Mid. Initial

Address _____
Street City State Zip Code

Phone: _____ Email _____

Preferred Name _____

Contact in case of emergency:

Name _____ Relationship _____
Last First Mid. Initial

Address _____
Street City State Zip Code

Home (_____) _____ Work (_____) _____ Cell (_____) _____

Medical Information (Please attach a copy of your medical insurance card.)

Date of last Tetanus shot _____ Medications you **cannot** take: _____

Allergies/special health problems or concerns: _____

Insurance _____ Phone (_____) _____

Policy # _____ Policy Holder's Identification # _____

Address _____
Street City State Zip Code

Physician _____ Phone (_____) _____

Dentist _____ Phone (_____) _____

Permissions

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Soapstone United Methodist Church, every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel).

I understand that Soapstone United Methodist Church does not carry accident or medical insurance on participation volunteers. I agree that my insurance company will be used for such medical care expenses. I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance coverage and that I am responsible for the payment of any medical bills.

(continued on reverse)

To be completed in the presence of a Notary Public.

This is the _____ day of _____, 20 ____ .

Signature (over 18) _____

Personally appeared before me, _____
a Notary Public of _____ County in the State of _____,
the persons whose signatures appear above and with whom I am personally acquainted and acknowledge
that he/she executed the within instrument for the purposes therein contained.

Witness my hand and official seal this _____ day
of _____, 20____ .

Notary Public

My Commission Expires:
