



Adult Emergency Medical Information

Personal Information:

Church Name: _____ Home Phone: (____) _____

Participant's Name: _____ Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip: _____

Medical Information: *(Use the back if more room is needed)*

Date of last Tetanus shot: _____

Allergies: _____

Special Dietary Needs: _____

List any prescription medicine you are taking: _____

Current medical conditions or problems: _____

Past medical history/injuries we should be aware of: _____

Name of Physician: _____ Contact Number: (____) _____

In case of **EMERGENCY** call: _____

Day Phone Number: (____) _____ Evening Phone Number: (____) _____

Insurance Information:

Name of Insurance Company: _____

Insurance Company Phone Number: _____

Member ID# _____ Group/Policy #: _____

I, _____, hereby release the Monroe District, Trinity UMC, all participating churches, owners of all worksites, the WOC staff, and all volunteer counselors of any liability in the event of accident or injury. I also agree that in the event of an emergency where medical treatment is required, the staff or church sponsors may obtain the services of a licensed physician, if an attempt to notify my emergency contact is made immediately concerning any such emergency. I also authorize the use of my image in pictures or videos taken during the weekend to be used in print or social media to publicize this event.

Signature: _____ Date: _____

Individuals needing special assistance should contact the Director of Weekend of the Cross