



Emmanuel Faith Community Church College/Young Adult Medical Release Form

Participant Name _____ Birthday: ____/____/____

Address _____

City _____ Zip _____

Telephone (Home) _____ Cell Phone _____

Email Address _____

Emergency contact _____ Phone _____

Primary Doctor _____ Phone _____

Medical Insurance Company _____

Policy # _____ Insurance Company's phone _____

Please include a copy of your proof of insurance card with this release form.

BRIEF MEDICAL HISTORY AND/OR SPECIFIC INSTRUCTIONS OR INFORMATION TO PHYSICIAN OR NURSE concerning any specific physical or mental condition or medications they should be aware of.

Any restrictions? _____

I, the aforementioned, do hereby authorize Emmanuel Faith Community Church (EFCC) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment if rendered at office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.

I, the undersigned, have read and understand the above. I will keep you updated on any changes to this release form. This medical release will be kept on file at Emmanuel Faith Community Church to use for any future activities and/or trips.

*(Participant Signature)

(Date)

PLEASE COMPLETE THE ACTIVITY RELEASE FORM ON THE OTHER SIDE → → → →

