

GRACE PRESBYTERY
ADULT EMERGENCY INFORMATION CONSENT FORM

Time Period: **July 1, 2011** to **June 30, 2012**

Name of Advisor: _____ Sex: ____ Age: ____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

IN CASE OF EMERGENCY CALL:

Name: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

NAME OF FRIEND OR RELATIVE, IF ABOVE CAN NOT BE REACHED:

Name: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

MEDICAL INFORMATION:

Please list all allergies: (This includes all Medications, Foods, Insect Bites, Asthma, etc.) CARRY EPI PEN? ____ YES ____ NO

Please list any medications you are currently taking:

Please list all health restrictions, pre-existing or present medical conditions:

Family Doctor: _____ Phone: _____

Name of Insurance Company: _____ Phone: _____

Policy Number: _____ Date of Last Tetanus Shot: _____

In case of injury or illness and you are unable to respond, do you grant the power of attorney to the group supervisor to complete and sign the necessary documents or admission and/or treatment consent forms required by the attending physician or hospital?

Signature: _____ Date: _____