ADULT EMERGENCY MEDICAL FORM
Shiloh Terrace Baptist Church
9810 La Prada
Dallas, Texas 75228
972-857-9707

Both sides of this form must be completed on all participants and **notarized** by a certified Notary Public. There is a Notary located at the church. Please call for an appointment.

Participant's Name_____Age_____Sex_____

Birthdate _____

Address_____City_____State_____Zip_____

Email Address_____ Home Phone _____

Participant's Cell Phone _____

Spouse Name_____

Spouse Phone: Home _____Cell Phone_____

Please list any medication you are taking and/or any medical condition that we need to be aware of:

_____

_____

Allergies:

Food	Yes _____	No _____	Specify _____
Medicines	Yes _____	No _____	Specify _____
Insects	Yes _____	No _____	Specify _____
Other	Yes _____	No _____	Specify _____

Date of last Tetanus shot: _____

_____

Please sign below with a Notary present to witness your signature.

I acknowledge that in participating in church activities and traveling by transportation provided by the church or workers/counselors, I authorize the adult in charge to authorized medical treatment when I cannot make that decision. I understand every effort will be made to contact my emergency contact person before such action is taken. I assume financial responsibility for emergency care. I agree not to hold the church or workers/counselors financially liable for any incident relating to the activity/trip.

I give my permission for Shiloh Terrace Baptist Church to use my photograph or video for promotional materials and website. Yes _____ No _____

Signature of Participant (parent if under 21) _____Date_____

"Given under my hand and seal of office, this the _____day of _____, 20_____."

Notary Public in and for the State of Texas_____

(Please complete information on the other side.)

Insurance Information

This information will be requested by the physician and medical facility in the event of an emergency. Please help us by making sure you give complete and correct information.

Please check here, if you do not have insurance _____

Participant Name (as listed in your company records)_____

Participant Occupation_____

Company Name_____

Company Address_____

City_____State_____Zip_____

Insurance Company Name_____

Insurance Company Address_____

City_____State_____Zip_____

Insurance Company Phone _____

Policy Number_____Group Number_____

Policy carried under what name_____

Emergency Name **(OTHER THAN YOURSELF OR SPOUSE)**: _____
(If needed the spouse will be contacted first, in case of an emergency.)

Relationship: _____

Emergency Phone #: Home_____Work _____

Cell _____

This Medical Form is valid one year to date of Notary signature and is valid for all Shiloh Terrace Baptist Church sponsored activities. If any of the information you have provided should change before this date, please complete a new form and return it to the church office.

Last Update 2/27/2020