



Adult Medical Release

(for adult participants, 18 yrs of age and older)

Name: _____ Date of Birth: _____

Address: _____

Home phone #: _____

Emergency Medical Treatment: In the event of an emergency and if I am not coherent or conscious, I hereby grant adult chaperones of Centennial Evangelical Free Church permission to act on my behalf in seeking emergency medical treatment for myself in the event that such treatment is deemed necessary. I hereby give my permission to those administering medical treatment to do so.

I further absolve and release Centennial Evangelical Free Church, its Pastor, employees, and volunteers, as well as the Evangelical Free Church of America and its employees, from any liability whatsoever when acting on my behalf in regard to medical treatment and in any other respect deemed necessary should I become incapacitated.

Signature _____ Date _____

Emergency contact _____ Phone # _____

Relation to participant _____

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Medications: I am taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.): _____

List any other health problems / limitations that we need to be aware of: _____