

MEDICAL INFORMATION FORM

(Please fill out this form completely)

Name: _____

Age: _____ Birth Date: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT

Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Relationship to Chaperone: _____

MEDICAL INFORMATION

**** Please include a copy of BOTH sides of your INSURANCE CARD. Also, CPR card if certified. ****
If any information changes before convention, please be sure to let us know - Thanks!

Family Doctor: _____ Doctor's Phone: (_____) _____

Insurance Company: _____ Ins. Phone: (_____) _____

Insurance Company Address: _____

Group #: _____ Policy #: _____

Insured Policy Holder's Named Adult: _____

ALLERGIES-LIST ALL KNOWN

Medical Allergies _____

Food Allergies _____

Other medical conditions the medical team should be aware of (diabetes, high blood pressure, etc.) :

WAIVER

I waive all claims against the hosting churches, Southwest PRC & Providence PRC, and the Michindoh Conference Center for any injury or illness which may result directly or indirectly from my participation. I further state that I am in the proper physical condition to participate.

Signature: _____ Date: _____