

# CENTRAL BAPTIST CHURCH OF QUINCY, IL

## Adult Ministry Volunteer Medical Release Form

*This information is confidential and will only be used in case of an emergency.*

Effective September 1, 2009-August 31, 2010

**Please print.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

Street/Apt. #

City

Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Medical Insurance Information

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Policy in the Name of \_\_\_\_\_ Relationship \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ & \_\_\_\_\_  
Home Phone Cell Phone

Date of last tetanus shot: \_\_\_\_\_ Date of last flu shot: \_\_\_\_\_

Please list **ALL** medical conditions/allergies/special health information:

Please list **ANY** medications (prescription or non-prescription) that you would like us to be aware of:

In the event that the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

I, \_\_\_\_\_, do hereby release, hold harmless, and discharge Central Baptist Church of Quincy, Illinois, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in ministry. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution this ministry. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_