

ADULT MEDICAL INFORMATION & RELEASE FORM

Shiloh Terrace Baptist Church
9810 La Prada, Dallas, Texas 75228
972-857-9707

This form must be completed for those participating in an STBC Event and notarized by a certified Notary Public. There is a Notary located at the church. PLEASE DO NOT SIGN UNTIL IN FRONT OF A NOTARY.

Participant's Name: _____ Sex: _____ Birth Date: _____

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

Email Address: _____

Cell Phone: _____

Spouse/Emergency Contact Name: _____ Cell Phone: _____

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

Allergies:

Please list any allergies your child has (food, insects, etc.): _____

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 _____

Doctor's Name: _____ Phone Number: _____

Insured's Name: _____

Policy Number _____ Group Number _____

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 authorize 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 and/or video taken for the use of promotional materials and website. Yes _____ No _____

Please sign below with a Notary present to witness your signature. Notaries are available at the church office.

Signature of Participant (parent if under 18) _____ Date _____

Sworn and subscribed before me on the _____ day of _____, _____

Notary Public in and for the State of Texas _____