

SECTION A: PARTICIPANT'S INFORMATION

NAME OF PARTICIPANT (FIRST & LAST)		<input type="checkbox"/> 18 YEARS+: COMPLETE SECTIONS A & B	<input type="checkbox"/> UNDER 18 YEARS: PARENT/GUARDIAN TO COMPLETE SECTIONS A & C
NAME OF EMERGENCY CONTACT		PHONE NUMBER OF EMERGENCY CONTACT	
PLEASE LIST MEDICAL ISSUES, ALLERGIES, MEDICATIONS BEING TAKEN*, ETC.			
*PERMISSION TO ADMINISTER MEDICATION IN EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PHYSICIAN'S NAME		PHYSICIAN'S PHONE NUMBER	

SECTION B: CONSENT FOR 18 YEARS OF AGE AND OVER

Should at some point I require emergency medical treatment as a result of accident or sickness, I grant permission to the Church and/or their assistants, to administer general first aid treatment for any minor injuries or illnesses I may experience. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Church and/or their assistants to summon any and all professional emergency personnel to attend, transport, and administer treatment to me, I further agree to assume financial responsibility for any and all expenses of such care.

NAME (PRINT)	SIGNATURE	DATE

SECTION C: PARENT/GUARDIAN CONSENT FOR UNDER 18 YEARS OF AGE

Should my/our child at some point require emergency medical treatment as a result of accident or sickness, we/I grant permission to the Church and/or their assistants, to administer general first aid treatment for any minor injuries or illnesses experienced by the above-named child. If the injury or illness is life threatening or in need of emergency treatment, we/I authorize the Church and/or their assistants to summon any and all professional emergency personnel to attend, transport, and treat the above-named child and we/I agree to assume financial responsibility for all expenses of such care.

SIGNATURE OF PARENT/GUARDIAN	FULL NAME (PRINT)
RELATIONSHIP TO CHILD	DATE
SIGNATURE OF PARENT/GUARDIAN	FULL NAME (PRINT)
RELATIONSHIP TO CHILD	DATE