



Ox Hill Baptist Church

PERMISSION FOR EMERGENCY CARE (ADULT)

THIS FORM IS VALID FOR THE CALENDAR YEARS OF 20____ TO 20____.

NAME _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH (MM/DD/YYYY) _____ SSN _____

ADDRESS _____

CITY/STATE/ZIP _____ HOME PHONE _____

EMERGENCY CONTACT _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

ALLERGIC TO FOOD(S) _____ OTHER _____

LAST TETANUS SHOT (DATE) _____ TAKING ANY MEDICATION? (LIST) _____

OTHER MEDICAL INFORMATION _____

INSURANCE COVERAGE (PLEASE PROVIDE A COPY OF THE INSURANCE CARD, FRONT AND BACK)

COMPANY _____

POLICY # _____ GROUP # _____

I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release OHBC, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. I understand that transportation will be provided by Chaperone(s) or by the Church vehicle(s). In the event that I am injured and require the attention of a doctor, the adult advisor(s) have my permission to take me, at my expense, to the hospital emergency room deemed appropriate by the rescue squad or the adult advisor(s). The hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being for me. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force. I also understand that, as a participant, I may be photographed or videotaped during normal event activities, and these photos/videos may be used in materials for Ox Hill Baptist Church.

Commonwealth of Virginia

Signature

County/City of _____

This _____ day of _____, 20 _____

known or adequately identified to me, personally appeared before me and subscribed his/her signature hereto.

Date _____

Notary Public (Signature)

My Commission Expires (Date)

THIS FORM IS NOT VALID UNLESS IT IS NOTARIZED

KEEP THIS FORM READILY ACCESSIBLE AND TAKE TO THE HOSPITAL WITH PATIENT.