

Medical Form Permission for Emergency Treatment

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

SSN _____ Phone Number _____

Medical Insurance Company _____

Medical Insurance Identification Number _____ Group # _____

Medications taken regularly _____

Allergies _____

Health Conditions _____

Person to be contacted in emergency:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Alternate person to be contacted in emergency:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

I being a person authorized by law to give such permission do hereby give my permission for emergency medical treatment to be given to the person who is the above-named subject of this form. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and that failing, all reasonable attempts to contact the alternate listed above will be made. I understand that all reasonable precautions will be taken for the safety at all times. I further release the Gassaway Baptist Church and all persons associated with this organization from any liability associated with any accident, injury or disease to the person who is the subject of this form.

Signature of subject 18 or older, otherwise, parent or legal guardian

State of West Virginia County of Braxton, To-Wit:

I, a qualified Notary Public, in and for the county aforesaid, hereby certify that the person whose signature appears above did, on this date, appear before me and after being duly sworn or affirmed, and reading this document in its entirety did affix his or her signature hereto in my presence

NOTARY PUBLIC

Date document executed: _____

Date commission expires: _____