

**Monte Vista Presbyterian Church: Adult Medical Form
2024-2025**

NAME & CONTACT INFO (please print clearly)- Note you can use this same form for married couple

Full Name: _____ **Best Email:** _____

Cell Phone: _____ **Address:** _____

Full Name (if couple): _____ **Best Email:** _____

Cell Phone: _____ **Address:** same as above

EMERGENCY CONTACT INFORMATION (in addition to above)

In an emergency, please notify one of the following:

1) Name: _____ **Relationship:** _____ **Best Phone:** _____

2) Name: _____ **Relationship:** _____ **Best Phone:** _____

MEDICAL HISTORY

(Please indicate which adult if completing for more than 1 person)

Have you had all updated vaccinations? Yes ___ No ___ Date of last tetanus shot: _____

Do you have a communicable disease or medical condition that may be a risk to others?

Yes ___ No ___ If Yes, Please describe: _____

Do you have any drug allergies? Yes ___ No ___ If Yes, Please describe:

Please list the name, dosage, and purpose of medications currently being taken (will keep with you):

Please describe any special considerations (medical conditions, food allergies, dietary restrictions, activity limitations, behavioral issues/concerns, etc): _____

Anything else you'd like us to know? _____

(Please complete both sides of form and sign the bottom of page 2)

**Monte Vista Presbyterian Church: Adult Medical Form
2021-2022**

HEALTH INSURANCE INFORMATION

Health Insurance Company: _____ Phone Number: _____

Policy Number: _____ Group Number: _____

AUTHORIZATION FOR MEDICAL TREATMENT

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT. IT AFFECTS THE LEGAL RIGHTS OF YOU AND OTHERS.

I give my authorization and consent for Monte Vista Presbyterian Church of Newbury Park, CA (the "Church") and the Church's adult employees, agents, and volunteers (collectively with the Church, the "Monte Vista Presbyterian Church Parties") to seek, authorize, and consent to such medical or dental care ("Treatment") as any one or more of them may deem necessary or appropriate in the event I am unable to. Such Treatment (1) shall be provided upon the advice of and supervision by a physician, surgeon, dentist, or other medical practitioner licensed to practice under the laws of the state or jurisdiction in which such Treatment is sought, and (2) may include, without limitation, X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care. Every effort will be made to contact one of the signers of this authorization before treatment is authorized whenever possible. This Authorization for Medical Treatment may be photocopied hereof and shall be as valid as an original copy.

CONSENT AND DISCHARGE OF LIABILITY

I agree to participate in any program or event occurring from the date of this signed document through September 30, 2022, and to be transported to, from and during the Events in any vehicle designated by an employee, agent, or volunteer (an "Agent") of the Monte Vista Presbyterian Church of Newbury Park, CA (the "Church"). (1) I understand that the church and its volunteers will exercise their judgment in supervising me and other participants in all sponsored activities and have a right to expect conduct of activities to be accomplished in a safe and careful manner. In spite of this care, it is always possible to be injured or become ill during the activities. In consideration of sponsoring, organizing and supervising the activities during this time period as well as providing other services before, during and after the activities, I agree to defend, and hold harmless the Church and any of its Agents, employees or volunteers (collectively, the "Monte Vista Presbyterian Church Parties") from and against any and all losses, damages, liabilities, or expenses that arise out of or result from my participation in the Program. (2) I understand and agree that I may be sent home at my expense if any Agent, employee or volunteer determines that I have engaged in disruptive behavior, broken any rules or constitutes a threat to the safety or well-being of any other participant at any time during any activity.

Name: _____ Signature: _____ Date: _____

Name (Adult #2): _____ Signature: _____ Date: _____