

Date _____



**Emergency Contact and Health Information Form
Sunrise Church Student Ministry**

Please fill out this form completely and print legibly. If any of this information changes after submitting this form, please inform the Student Ministry of these changes.

Information about the adult volunteer

Name _____ Current Age _____
Social Security # _____ Date of Birth _____
Home Phone _____ Work Phone _____
Other Phone _____ Other Phone _____
Address _____

Information about emergency contacts

Spouse Information (if applicable)

Name _____
Relationship to you _____ Home Phone _____
Work Phone _____ Other Phone _____
Address (if different from above)

Primary Emergency Contact (besides spouse)

Name _____
Relationship to you _____ Home Phone _____
Work Phone _____ Other Phone _____

Date _____

Medical Information

Please provide the most current medical information

Health Insurance Company _____

Policy Number _____

Policy Holder _____

Insurance Phone Number _____

Regular Doctor's Name _____

Doctor's Phone Number _____

Allergies _____

Regular Medications _____

Physical Limitations/Handicaps _____

Other Medical Conditions _____

I certify that all of the above information is correct and that I have read and understand the policies of the Sunrise United Methodist Church Student Ministry. I also agree to notify the church and/or the Student Ministry of any changes in this information. I understand that in an emergency involving myself, every effort will be made to contact my spouse and other emergency contact. If time is of the essence, or if I cannot be reached, I give permission to the pastors, staff and/or adult volunteers of Sunrise United Methodist Church to act on my behalf to secure medical treatment as necessary, including, but not limited to medical attention, anesthesia, surgery, and hospitalization. I understand that it is my responsibility to pay for any medical service required. I hereby absolve Sunrise United Methodist Church, its Pastors, staff, and adult volunteers from liability in acting on my behalf in this regard so long as they are not grossly negligent. If a dispute over any claim arises, I agree to resolve the matter through a mutually acceptable arbitration process.

Signature

Date