

2024
Adult Medical Release Form (Ages 18 and up)

Last Name: _____ First Name: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: _____

In Case of Emergency Contact - Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

Preferred Hospital: _____ Phone: _____

Food Allergies: _____

Medicine Allergies: _____

List of Medication and Dosage: _____

Health Insurance Provider Name: _____

Policy #: _____

Phone: _____

*Please staple an additional page for medications if needed.

Should any emergency medical treatment be necessary, I, the above mentioned, give permission for sponsors to act on my behalf and approve medical treatment. I hereby grant permission for an attending physician or hospital to administer medical care if deemed necessary by the sponsors. I also hereby release from any liability Refuge Church Nashville and any and all adult sponsors of Refuge Church Nashville. I understand that this permission slip is valid from **January 1 through December 31, 2024**. Should any information change before that time, it is my responsibility to complete and update the form.

Signature: _____ Date: _____



Refuge Church Nashville