Emergency Contact and Medical Form

Pilgrim Rest Baptist Church

Name: _____ Date of birth: _____

Address: _____ City: _____

State: _____ Zip: _____

Home phone: _____ Cell: _____

Notify in Emergency:

Name Relationship Phone numbers

_____

_____

_____

_____

I understand that every effort will be made to contact me or my physician immediately, and that medical or surgical procedures will be implemented only in the event I cannot be contacted.

Please list any drug allergies: _____

Do you have a chronic medical problem such as diabetes, asthma, etc.? No _____

If yes, please list any medicines you are taking at this time:

_____

_____

_____

_____

Doctor's Name: _____ Phone: _____

Hospital Choice: _____

I understand that this form is confidential and will be only used for emergency situations.

_____

Signature Date