

FIREHOUSE YOUTH MINISTRY
CLAY UNITED METHODIST CHURCH
17646 Cleveland Rd. South Bend, IN 46635 (574) 272-8068

ADULT

CONFIDENTIAL EMERGENCY MEDICAL INFORMATION

PARTICIPANT'S NAME _____ CELL# _____

EMAIL _____

DATE OF BIRTH _____ AGE _____ GENDER _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

PHYSICIAN _____ PHONE _____

NAME OF INSURANCE _____ PHONE _____

GROUP/PLAN # _____ MEMBER # _____

MEDICAL ALERTS - ALLERGY/HEALTH CONCERNS &/OR DIET RESTRICTIONS

In case of an emergency, the following persons should be contacted:

NAME: _____ Relationship: _____

CELL PHONE _____ WORK PHONE _____

NAME: _____ Relationship: _____

CELL PHONE _____ WORK PHONE _____

PRINT NAME _____

SIGNATURE _____ DATE _____