

**ADULT HEALTH FORM**

PARTICIPANT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
SOCIAL SECURITY# \_\_\_\_\_

**SPOUSE:**

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP CODE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**PERSON OTHER THAN SPOUSE TO NOTIFY IN CASE OF EMERGENCY:**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Describe any special health problem.

List medications.

List any allergies to medication or substance:

Local physician's name and phone no. \_\_\_\_\_

\*\*\*\*\*COPY OF HEALTH INSURANCE CARD MUST BE ON BACK OF THIS FORM\*\*\*\*\*

**POWER OF ATTORNEY**

Date \_\_\_\_\_

In the event that I become ill or sustains an injury while on an authorized and chaperoned outing from PARK AVENUE UNITED METHODIST CHURCH, Valdosta, Georgia, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding, to administer first aid, and to seek professional medical assistance.

I also consent to an x-ray or other diagnostic examination, anesthetic, medical, dental, or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.

I understand that Park Avenue United Methodist Church is not responsible for the loss or damage to personal belongings. I know that vehicles will always be locked when left empty. \_\_\_\_\_

Please initial

I understand that this consent will apply to all emergency situations present and future. This power shall remain in full force and effect until revoked by parent or guardian. (Please notify the church office if your insurance carrier changes.)

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

(MUST BE SIGNED IN FRONT OF NOTARY)

(seal)

Notary \_\_\_\_\_

My commission expires \_\_\_\_\_