

# GPC Medical Form

## Participant Information

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_  
(Include street or box number, street, city, and zip code.)

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Work Place \_\_\_\_\_

Work Place Phone Number \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Special Medical Conditions \_\_\_\_\_

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Date of last tetanus shot \_\_\_\_\_

Medications taken ongoing \_\_\_\_\_

Allergies (medicine, food, etc.) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Other information that you would like for us to know:

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**Parental Information**

**Father** \_\_\_\_\_

Home Address \_\_\_\_\_  
(Include street or box number, street, city, zip code.)

Work Place \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Place Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**Mother** \_\_\_\_\_

Home Address \_\_\_\_\_  
(Include street or box number, street city, zip code.)

Work Place \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Place Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact Information (other than parents or spouse)**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Include street or box number, street, city, and zip code.)

Work Place \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Place Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**Authorization**

I hereby release all church staff and adult advisors from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrence, causing injury to any person or property. Should any medical treatment be necessary and I cannot be reached, I authorize the advisors and staff in charge to act on my behalf to approve appropriate treatment and care. I understand that this authorization covers both events on and off of Gates Presbyterian Church grounds as well as trips-out-of-town.

\_\_\_\_\_ Parent's or Adult Advisor Signature

\_\_\_\_\_ Date