

Mount Tabor United Methodist Church
3543 Robinhood Road
Winston-Salem, NC 27106
336-765-5561

Permission Form for Emergency Medical Treatment for Adults July 2019

(Necessary for all Traveling Adults of Mount Tabor UMC)

DATES IN EFFECT: _____ **through** _____

Please Print Neatly:

Full Name: _____

Address: _____

Date of Birth: _____

I give consent for the leaders of the MTUMC Adult Ministries and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for myself.

Name of Emergency Contact(s)	Relationship	Phone #'s of Emergency Contacts

Signature: _____ **Date:** _____

Insurance Information	Medical Information
Insurance Co. _____ _____	Medical Conditions: _____ _____
Policy #: _____	Allergies: _____
Address: _____ _____	Medications (attach list if needed): _____ _____
Employer: _____	Date-Last Tetanus shot: _____