1 per Team Member
Fill out and return to your TEAM LEADER.

GO Ministries – Medical Information & Release

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: ( ) _____ Phone #2: ( ) _____

Medical Insurance Provider: _____

ID #:_____ Group #:_____

Name of Primary Physician: _____

Address: _____City: _____ State: _____ Zip: _____

Phone: ( ) _____

Emergency Contact: _____ Relationship: _____

Home Phone: ( ) _____ Work Phone: ( ) _____

Please check if you suffer from any of the following medical conditions:

__Hypertension __Hypoglycemia __Bleeding Disorders __Heart Disease
__Seizures __Insect Allergies __Asthma __Chronic Anxiety
__Arthritis __Diabetes __Depression __Glaucoma
__Migraines

Tetenus Vaccine up to date: Yes □ No □

Physical limitations (please list): _____

_____

List any medications (prescriptions or OTC) taken on a regular basis: _____

_____

List Medical & Food Allergies: _____

_____

Blood Type: _____ Have you had any surgery in the past three years? _____

If so, please explain: _____

In an emergency, I give my permission to a licensed physician to hospitalize or anesthetize me, or perform surgery on me. I understand that every effort will be made to inform my emergency contact before these actions are taken.

Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18) _____ **Date:** _____

Relationship to Participant: _____