

## MEDICAL INFORMATION (adult)

NAME OF CHURCH \_\_\_\_\_ DATE \_\_\_\_\_

FIRST NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ (STREET)

CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PERSON TO CONTACT IN CASE OF AN EMERGENCY: (LIST WHAT RELATION)

\_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_

REGULAR MEDICATION \_\_\_\_\_

ACTIVITY RESTRICTIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

ACCIDENT/HEALTH INSURANCE PLAN & NUMBER \_\_\_\_\_

In case of a medical emergency, and I am unable to make decisions concerning my health, I understand every reasonable effort will be made to contact the above listed emergency contact for direction. In the event that person cannot be reached through reasonable efforts, I hereby give my permission to the physician selected by the Director or TCF Staff to secure proper treatment or to hospitalize, to order injections, transfusion, anesthesia or surgery. I further agree that I will not hold The Campbell Farm or the Presbytery of Central Washington, their agents or employees, responsible for any accident or injury arising out of my participation during the time period described in this registration.

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

## PHOTOGRAPHS

I give permission for The Campbell Farm to use any photographs of me taken during my stay at the Farm for the purpose of Public Relations, i.e. newsletters, brochures, local newspaper articles, power point show, etc. in order to help promote the ministry of the Farm.

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