

Teens Encounter Christ

Adult Medical Information & Emergency Form

Name (first, middle, last): _____

Address: _____

Regular Physician:

Name: _____ Phone: (____) _____

Medical Conditions:

Please list any medical conditions (asthma, diabetes, epilepsy, etc.): _____

List any allergies and allergic reactions to medications: _____

List medications / dosages currently taking: _____

Other pertinent medical information: _____

Date of most recent tetanus shot: _____

Medical Insurance Information:

Company: _____

Plan # _____ Employee ID# _____

Emergency contacts (Please print):

1. Name(first, middle, last) _____ relationship _____

Work#(____) _____ Cell#(____) _____

2. Name(first, middle, last) _____ relationship _____

Work#(____) _____ Cell#(____) _____