Upper Arlington Lutheran Church
Permission / Medical Release / Authorization Form for Adults

This form is valid for all Upper Arlington Lutheran Church activities from ________ to ________.

Name____ phone_______________

Address ____
Street City State Zip

Birthdate ____/____/_____

Medical Information

Name of personal physician ________________________________ phone ____________

Physician's address ____

Name of personal dentist ________________________________ phone ____________

Dentist's address ____

Medical Insurance Co.: _________________________ Ph. _________ Deductible _______

Policy Holder's name: _________________Policy # _____________________________

Place of Employment (for subscriber of insurance policy) ______________________________

Any conditions you are currently being treated for/ Medications taken _________________

____

Previous major illnesses or surgeries with dates __________________________________

____

Allergies:____

Physical limitations: _______________________________/_____________
(Last Tetanus shot)

2 Emergency Phone Numbers

Name (relationship) home:_____________________ work: _________________________

Other person (relationship) home: ________________ work: _________________________

3 Authorization Release Form for Treatment

I hereby release Upper Arlington Lutheran Church, its staff and sponsors from responsibility and liability for any illness or injury that I may sustain during any activity, and any and all claims and liabilities. In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me, to consent to any X-ray examination, medical, dental, or surgical diagnosis, anesthesia, treatment, and hospital care advised and supervised by a licensed physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the physician's office or in a hospital. I expect that my family will be contacted as soon as possible if an emergency occurs. I understand that I am required to obtain special travel insurance as part of being a member of this team and I pledge to comply with this requirement.

Signature ____ date_______________

Insurance policy holder ____________________________________ date _______________

By initialing the following, I authorize the use of photos of myself in this activity on the UALC web site.

YES_______ NO_______