

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 _____