



**Christ United Methodist Church**

3101 Coit Road, Plano, Texas 75075

972-596-4303

## Medical Release for Adults

I, \_\_\_\_\_, authorize the Christ United Methodist Church adult leader, if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during any church sponsored event.

Note: All applicants must provide the following information.

Emergency Contact Person's Name (family): \_\_\_\_\_

Emergency Contact Person's Relation to You: \_\_\_\_\_

Emergency Contact Person's Cell: \_\_\_\_\_

Medical insurance provider \_\_\_\_\_

Insurance Provider's Phone \_\_\_\_\_ Policy number \_\_\_\_\_

Participant's physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies, medications, and major health problems (only if involves risks):

Signature of participant \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_