

2009 Adult Travel Release

Adult: _____ D.O.B. _____
Address: _____ Zip: _____
City/State: _____ Home Phone: _____
Email: _____ Cell Phone: _____

WHO SHOULD BE CONTACTED IN CASE OF EMERGENCY?

NAME: _____ RELATION: _____
PHONE: _____ OR _____
NAME: _____ RELATION: _____
PHONE: _____ OR _____

IMMUNIZATION CURRENT? _____

DOCTOR: _____ PHONE: _____
DENTIST: _____ PHONE: _____

INSURANCE INFORMATION:

NAME OF COMPANY YOU ARE INSURED UNDER:

ADDRESS OF INSURANCE COMPANY:

PHONE: _____ POLICY # _____

CLAIM INFO: _____

NAME AND S.S. OF PERSON/CLAIM:

WHAT COMPANY DOES THE PERSON WORK FOR?

OCCUPATION? _____

ADDRESS/CITY/STATE/PHONE OF THE EMPLOYER:

MEDIMEDICAL INFO:

LIST ANY ALLERGIES, SURGERIES, PHYSICAL PROBLEMS:

**LIST ANY MEDICINE YOU ARE CURRENTLY TAKING (INCLUDING
DOSAGE, FREQUENCY, AND ANY SIDE EFFECTS):**

**I HEREBY GIVE MY PERMISSION FOR ANY MEDICAL TREATMENT THAT I
MAY NEED. IN CASE OF ANY ACCIDENT/DEATH, I HEREBY RELEASE SECOND
BAPTIST CHURCH OF LANCASTERS, SC, ITS SPONSORS, AND PARTICIPATING
AGENCIES FROM ALL RESPONSIBILITIES:**

(SIGNATURE)

(DATE)