

# ADULT MEDICAL RELEASE FORM

**EVENT: Altar Server Appreciation Day to be held on July 15, 2019 in Hot Springs, AR at ARC Isle and Central Bowling Lanes)**

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Please list **all** medical conditions/allergies/special health information: \_\_\_\_\_

\_\_\_\_\_

Please list **any** medications (prescriptions or non-prescription) that you would like us to be aware of: \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy in the name of: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

In the event that the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

I, \_\_\_\_\_, do hereby release, hold harmless and discharge the Diocese of Little Rock, its staff and volunteers **and** the parish of St. Edward Catholic Church in Texarkana, AR, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organizations or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medial physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Signature: \_\_\_\_\_

**To be filled out ONLY by Adult chaperones, and drivers who will be helping with Altar Server Appreciation Day!**