

(KEEP FOR YOUR RECORDS)

**EMERGENCY CONTACT INFORMATION**

In order to be as helpful as possible, should you have any medical episode while in or around our church premises, we are asking for the information below. This information will be kept in the church office and only utilized in case of emergency. Please take a minute to provide us with the following emergency information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\*Optional information

PRIMARY CARE PHYSICIAN NAME: \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

---

(RETURN TO CHURCH OFFICE)

**EMERGENCY CONTACT INFORMATION**

In order to be as helpful as possible, should you have any medical episode while in or around our church premises, we are asking for the information below. This information will be kept in the church office and only utilized in case of emergency. Please take a minute to provide us with the following emergency information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\*Optional information

PRIMARY CARE PHYSICIAN NAME: \_\_\_\_\_

\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**MEDICAL CONDITIONS AND MEDICATIONS:**

Condition \_\_\_\_\_  
Med \_\_\_\_\_ Strength \_\_\_\_\_ Xper day \_\_\_\_\_  
Condition \_\_\_\_\_  
Med \_\_\_\_\_ Strength \_\_\_\_\_ Xper day \_\_\_\_\_  
Condition \_\_\_\_\_  
Med \_\_\_\_\_ Strength \_\_\_\_\_ Xper day \_\_\_\_\_  
Condition \_\_\_\_\_  
Med \_\_\_\_\_ Strength \_\_\_\_\_ Xper day \_\_\_\_\_  
Condition \_\_\_\_\_  
Med \_\_\_\_\_ Strength \_\_\_\_\_ Xper day \_\_\_\_\_  
Condition \_\_\_\_\_  
Med \_\_\_\_\_ Strength \_\_\_\_\_ Xper day \_\_\_\_\_

**Any Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**MEDICAL CONDITIONS AND MEDICATIONS:**

Condition \_\_\_\_\_  
Med \_\_\_\_\_ Strength \_\_\_\_\_ Xper day \_\_\_\_\_  
Condition \_\_\_\_\_  
Med \_\_\_\_\_ Strength \_\_\_\_\_ Xper day \_\_\_\_\_  
Condition \_\_\_\_\_  
Med \_\_\_\_\_ Strength \_\_\_\_\_ Xper day \_\_\_\_\_  
Condition \_\_\_\_\_  
Med \_\_\_\_\_ Strength \_\_\_\_\_ Xper day \_\_\_\_\_  
Condition \_\_\_\_\_  
Med \_\_\_\_\_ Strength \_\_\_\_\_ Xper day \_\_\_\_\_  
Condition \_\_\_\_\_  
Med \_\_\_\_\_ Strength \_\_\_\_\_ Xper day \_\_\_\_\_

**Any Additional Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_