

**2009 LAKE TRAVIS UNITED METHODIST CHURCH
ADULT AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

Adult Name: _____

Email Address: _____

DOB: _____ Age: _____ Home Phone #: _____

Address: _____ Zip: _____

Work #: _____ Alt. #: _____

Close Relative or Friend: _____

Home #: _____ Alt. #: _____

Any known allergies requiring special attention: _____

Medical History: _____

Date of last Tetanus shot: _____

Current Medications, dosage & use: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance Company: _____

Group/Policy #: _____ Phone #: _____

Name of Primary Card Holder _____ DOB of Primary Card Holder: _____

In the event of an emergency and in my absence, I hereby give consent to any of the Lake Travis UMC staff and/or volunteer staff to seek emergency medical treatment for myself. While understanding that all reasonable safety precautions will be observed, I understand the possibility of unforeseen hazards and the inherent possibility of risk. I voluntarily agree not to hold legally liable Lake Travis UMC, any of its employees, volunteers, or other representatives associated with providing or arranging for emergency medical treatment for myself.

Signature: _____ Date: _____