COUNSELOR-Authorization for Emergency Medical Care and Medical Release

This release expires June 1, 2019

LAST NAME _____FIRST NAME_____BIRTHDAY_____

CELL PHONE _____WORK PHONE _____HOME PHONE _____

ADDRESS _____ CITY _____ZIP_____

Email:_____

IN CASE OF EMERGENCY, NOTIFY _____ RELATIONSHIP_____CELL_____

PHONE _____ DOCTOR _____ PHONE _____

PREFERRED HOSPITAL _____ HEALTH INSURANCE: SUBSCRIBER _____

Date of last tetanus shot: _____ Swimming restrictions? Yes __ No __ Activity restrictions? Yes No Explain: _____

_____

If any of the above are checked, please give details (including normal treatment of allergic reactions, name and dosage of medications that must be taken, etc.) _____

I understand that, in the event medical treatment is required, every effort will be made to contact my emergency contact. In the event that he/she cannot be reached, I hereby give my permission for the staff of Laurelglen Bible Church to consent to any hospital care, medical treatment and/or injections, anesthesia, or surgery for myself as deemed necessary by and as rendered under the general or special supervision of any licensed physician or surgeon. It is understood that this authorization is being given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the authorized agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his best judgement may deem advisable. This authorization shall remain in effect until June 1, 2019 unless revoked in writing.
(A photocopy of this form is as valid as an original)

Signature _____ Date _____

Laurelglen Bible Church, 2801 Ashe Road, Bakersfield, CA 93309 (661) 833-2800