

PERMISSION AND MEDICAL CONSENT

CHRIST CHURCH CATHEDRAL - ADULT FORM

Name of Activity _____

Full Name _____
Last First Middle

Sex _____ Birthday _____ Age _____

Home Address _____

Home Phone _____ Business Phone _____

If not available in an emergency, notify:

Name _____ Phone _____
Street Address _____
City _____ State _____ Zip _____

or Name _____ Phone _____
Street Address _____
City _____ State _____ Zip _____

Do you have any of the following allergies:

Penicillin _____ Other Drugs _____
Insect Stings _____ Ivy Poisoning, etc. _____
Hay Fever _____ Other _____

Do you have any medical or health problems, and have you had any chronic or recurring illness or illnesses, which you would have an effect on your participation in this Activity? Yes No

If so, describe the problems or illnesses _____

State the name, address, medical specialty and phone number of this physician and of any other physician who should be consulted in the event of emergency or medical problems _____

State the name, address, and phone number of your dentist (and orthodontist if applicable) _____

Is there medical or hospitalization insurance which provides benefits for you? Yes No

If so, please indicate: Name of Insurance Co. _____
Address _____
Policy No. Of Insurance Policy _____
Name of Policy Holder _____
Phone No. Of Insurance Co. (_____) _____

Indicate the date of your last tetanus shot _____

Are the activities, such as strenuous activities, you should be restricted from? Yes No
If so, describe _____

Are you on any medications? Yes No
If so, please state the medication(s) _____

Also, will you be bringing the medications with you? Yes No

Describe any dietary restrictions that you are required to observe _____

Other comments or suggestions _____

I understand that Christ Church Cathedral carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and Christ Church Cathedral's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in Christ Church Cathedral's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from Christ Church Cathedral's medical and hospitalization coverage.

I further understand that, in the event I require medical or dental treatment while engaged in the Activity, and am not able to reasonably act on my own behalf, I hereby consent and give permission to Christ Church Cathedral's Trip Coordinator or any adult acting on behalf of Christ Church Cathedral with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state or country where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed all of my medical allergies, medications being taken, medical problems and other pertinent information. I consent to participate in all prescribed activities, except those noted above.

Signature _____ Date _____

Witness _____ Date _____