



First Presbyterian Church Greer Medical Information Form

Contact Information

Name of Trip Participant: _____

_____ Home Phone

_____ Cell Phone

_____ Work Phone

In Case of Emergency, Please Contact: _____

_____ Relationship to Participant

_____ Cell Phone

_____ Work Phone

Medical Insurance Information

Health Insurance Name: _____

Policy Number: _____

Policy Holder's Name: _____

Insurance Phone Number: _____

Medical Insurance Information for Trip Participant

Date of Birth: _____

Current Medications: _____

List of Allergies: _____

List of Surgeries: _____

Other Medical Information
to be
Aware of: _____

Date of Last Tetanus shot
(Must be Current): _____

Media Release

Regarding video and photographs taken of myself or youth during church activities, I give FPCG permission to use these for display, church newsletters and publications, on the church website and social media posts. _____
Self or Parent
Initial

Participant or Parent/Guardian Signature (if minor)

Date Completed

Form not complete until returned with a copy of the front and back of your insurance card