



## First Presbyterian Church Greer Medical Information Form

### Contact Information

Name of Trip Participant: \_\_\_\_\_

\_\_\_\_\_

Home Phone	Cell Phone	Work Phone
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In Case of Emergency, Please Contact: \_\_\_\_\_

\_\_\_\_\_

Relationship to Participant	Cell Phone	Work Phone
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### 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\**