



Adult Medical History & Release Form

Please bring TWO copies of completed form for each participant.
Please bring a medical card for each participant,

Individual Information

Name: _____

Gender: _____

Date of Birth: _____

Name of Church: _____

Primary Phone: _____ Secondary Phone: _____

Email address: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical Information

Health Insurance Company: _____

Policy Number: _____

Physician: _____ Phone: _____

Does your insurance carrier require a second opinion before emergency procedures are undertaken?

Yes _____ No _____

The following medical information is confidential and will be made available only to leadership and medical professionals as necessary.

Date of last tetanus shot: _____

Allergies (food, medications, insect bites, etc.): _____

Please list any physical or behavioral conditions that the program staff should be aware of: _____

Current Medications: _____

Emergency Contact

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Adult Medical History & Release Form, (Cont'd)

Please bring TWO copies of completed form for each participant.
Please bring a medical card for each participant.

Medical Release and Permission

I (print name) _____, understand that SoCal Mission Inn, as a ministry of First Christian Church of Orange, may involve physical and recreational activity, and I understand that precautions will be taken to safeguard the health and safety of participants. I agree to indemnify and hold harmless SoCal Mission Inn and First Christian Church Orange, its officers, agents, volunteers, and employees from any and all claims, damages, expenses, or injuries arising out of or incident to my participation in this project, unless such loss or injury results directly from the neglect or willful act of an officer, agent, volunteer, or employee of SoCal Mission Inn or First Christian Church Orange acting within the scope of his/her employment.

Signature: _____

Date: _____

Media Release and Permission

The SoCal Mission Inn/ First Christian Church of Orange staff, volunteers, and officers have my permission to use photographs or videos in which I appear for SoCal Mission Inn/ First Christian Church of Orange publicity purposes.

Signature: _____

Date: _____

SoCal Mission Inn

fccorange.com/socal-mission-inn/
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