

First Presbyterian Church Adult Activity Consent and Waiver Form

I waive any claim to liability or damages against First Presbyterian Church of Neenah, Wisconsin, any of its employees, or any persons assisting in these activities for any damage or injury, which may be sustained by me during activities.

Further, in the event an accident or emergency medical situation should arise during the course of any activity involving me, I hereby authorize the supervisor(s) in charge to obtain medical assistance and treatment.

Signature of Participant	Date	Work phone	Home phone
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Insurance and Health Information

Social Security #	Age	Birth date	Date of last tetanus shot
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Address

City	State	ZIP
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Health Insurance Company	Policy #
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Physician's Name	Phone
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Dentist's Name	Phone
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I currently have the following allergies/special diet/medical problems (i.e. asthma, seizure disorder, etc.) which requires the following medication that I will be taking:

Alternate Emergency Contact Information

Name	Relationship	Work phone	Home phone
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Address

City	State	ZIP
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