

Alpharetta Presbyterian Church Medical Release and Permission Form – Adults

Mission Trip / Church Event: _____

Beginning and End Date (if applicable): _____

Name (as shown on Passport, please print):

Last First Middle

Age Date of Birth M / D / Y Contact #: Text: Yes No

Email Address _____

Home Address _____

City State Zip Code

Emergency Contact _____ Relationship _____

Cell Phone # _____ Home # _____

Primary Physician _____ Phone # _____

Ophthalmologist/
Optometrist _____ Phone # _____

Dentist _____ Phone # _____

Insurance Company _____ Policy # _____

Medical History (All information will be kept confidential)

Please list any ALLERGIES to:

Medications _____

Foods _____

Other (insects,
plants, materials) _____

Specify Treatment _____

Do you carry an EpiPen? Yes No

Please initial and date first page: _____



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Any other current health problems, chronic or recurring? Please specify (attach separate sheet if necessary):

Current Prescription Medications and Strength/Dosage:

Medical Diet Restrictions: _____

Other: _____

Immunizations (only for Mission trips), Please list date of last shot:

Tetanus (must be within last 10 years) _____ Hepatitis A (required) _____

Typhoid Vaccine (recommended) _____ Hepatitis B (required) _____

____ I consent to give permission to Alpharetta Presbyterian Church to seek whatever medical attention is deemed necessary, and release Alpharetta Presbyterian Church and its staff of any liability against personal losses.

Print Full Name _____ Sign _____ Date _____

Social Media

APC utilizes Facebook, the APC website, and email to communicate with its church members.

I consent I do NOT consent to give permission to Alpharetta Presbyterian Church to take photos of me during activities and to use such photos of me without displaying my name. All such photos shall be the sole property of Alpharetta Presbyterian Church, and I hereby release Alpharetta Presbyterian Church from any and all claims and liability arising from or relating to such use.

I understand that there are inherent risks involved in any Mission Trip or Church Event, and I hereby release Alpharetta Presbyterian Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Alpharetta Presbyterian Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the medical information provided above is accurate at this date. I also agree to travel home at my own expense should I become ill or if deemed necessary.

Print Full Name _____ Sign _____ Date _____

