

IMPACT VIRGINIA 2019

PARTICIPANT HEALTH AND MEDICAL INFORMATION

Participant Name _____ Date of Birth _____

Church Westwood Baptist Church Group Leader Name Jessie Kearns / Tom Kern

The following information is required to secure medical treatment should it become necessary. Please answer all questions completely.

List any medications you are CURRENTLY taking:

List any medical conditions for which you are CURRENTLY being treated:

List any medications or other substances to which you are allergic:

Date of last Tetanus Shot: _____

HEALTH INSURANCE INFORMATION

Health Insurance Carrier: _____ Phone Number: (____) _____

Insurance Policy Number: _____

Primary Policy Holder Name: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Contact Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____