

**Lott Carey**  
**Pastoral Excellence Program**  
**Individual Medical Release Form**

*(This form must be completed and mailed with requested application materials. Please bring a copy of the form with you. Please type or print in blue ink.)*

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Church \_\_\_\_\_ Church Tel # (    ) \_\_\_\_\_

Name of Deacon: \_\_\_\_\_

*Emergency Contact:*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

E-Mail \_\_\_\_\_

**Medical Information:**

Do you have any know medical conditions? \_\_\_\_\_(Yes) \_\_\_(No)

If Yes: Describe \_\_\_\_\_

Are you taking any prescription medications \_\_\_\_\_ (Yes) \_\_\_\_\_(No)

If Yes Describe: \_\_\_\_\_

Medicines in my possession: \_\_\_\_\_

List any allergies including allergies to medications \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of last physical examination \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

List any pertinent medical history or chronic medical problems:

\_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number \_\_\_\_\_

In case of an emergency, where a next of kin cannot be reached by phone, I authorize \_\_\_\_\_ to obtain medical treatment for me, and

(Team Leader's name)

for any hospital/ emergency department physician and/or member of the hospital medical staff, requested by a hospital emergency department physician, to make such examinations and render such medical and/or surgical treatment which in his/her judgment may be deemed necessary for my health and welfare.

Signature .....

Date.....

Sworn to and subscribed before me this day ....., 2005

Official Seal \_\_\_\_\_Notary Public

My Commission Expires: ...../...../.....