

ROMAN CATHOLIC DIOCESE OF OWENSBORO, 600 Locust St., Owensboro, KY 42301

Name/Address of Institution Sponsoring Activity \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR ADULTS**

**HEALTH HISTORY:**

FULL NAME (Please print) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Any pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any allergies (food, latex, animals, etc?) Yes/No \_\_\_\_\_ Allergic to any medications? Yes/No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Contact lenses? Yes/No \_\_\_\_\_

Any swimming restrictions: \_\_\_\_ Yes \_\_\_\_ No What? \_\_\_\_\_

Any activity restrictions? \_\_\_\_ Yes \_\_\_\_ No What \_\_\_\_\_

In case of medical or surgical emergency, I hereby request and give my permission to the Catholic Diocese of Owensboro for hospitalization and/or provision of necessary medical treatment. I understand that I am responsible for the cost of any medical treatment (including surgery) received. I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event.

Name of Health Insurance Company: \_\_\_\_\_  
Insurance Policy #: \_\_\_\_\_ Insurance Certificate #: \_\_\_\_\_

**\* Please understand that, depending upon the seriousness of the situation, you may be transported to the nearest hospital.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name someone who may be contacted in case of emergency.  
Next of Kin/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**IF THERE ARE ANY CHANGES IN THE INFORMATION ON THIS FORM, IT IS YOUR RESPONSIBILITY TO NOTIFY THE APPROPRIATE LEADER AND GET THE FORM UPDATED. (e.g. insurance policy changes, changes in medical condition or medicines, etc.)**

Revised April 2014