

**CONFIDENTIAL**  
**ADULT EMERGENCY CONTACT AND MEDICAL FORM**

*The information requested on this page is confidential and for emergency use only. In the event of an emergency, this information will be used by Celebration Lutheran Church staff and emergency personnel only.*

**SECTION 1. BASIC CONTACT INFORMATION**

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Last Name	First Name	Middle Name
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Home Address: \_\_\_\_\_

Street	City	Zip Code
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Home Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

1. \_\_\_\_\_

Name	Relationship
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\_\_\_\_\_

Street Address	City	State	Zip Code
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Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

2. \_\_\_\_\_

Name	Relationship
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\_\_\_\_\_

Street Address	City	State	Zip Code
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Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

**PHYSICIAN**

\_\_\_\_\_

Name	Address	Phone
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**HOSPITAL PREFERENCE**

\_\_\_\_\_

Hospital Name	Hospital Address
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**SECTION 2. HEALTH INFORMATION**

Are you allergic to anything?    No        Yes: *Please list all allergies.*

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Please list any medication you are taking.

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Do you have any medical concerns we should be aware of?

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Signature

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Date