

HEALTH INFORMATION FORM

Must be completed before you board the bus

FYI: We do nothing with this information unless there is a medical emergency and then we would just give it to the medical personnel. Information will be shredded after the trip.

One Form **Per Person**

Name _____ DOB _____ / _____ / _____ SS# _____ - _____ - _____

Address _____ City _____ St _____ Zip _____

Home Phone (_____) _____ Cell (_____) _____

Check any that apply: Have had open heart surgery Pacemaker Seizures Diabetes On Portable Oxygen

Have trouble walking Have a "No Resuscitate form signed with my Power of Attorney health care directive _____ (initial)

Please list on the back any important information we should know in case of emergency.

Emergency Contact Information:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Doctor _____ Phone _____

Insurance Company _____ Phone _____

List Medications you will have with you on the trip and when they are taken:

Use back of this sheet if needed

I do hereby state that I am in good physical health to go on this bus trip with the Southern California Network of the Assemblies of God, November 1-11, 2019. While on this trip, if for some reason myself, or my spouse cannot make medical decisions for ourselves, my signature authorizes one of the Southern California Network staff members (in consultation with family members) and in conjunction with a medical team, to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care to be rendered in the general or special supervision on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I waive and release the SO CAL Network and all network officials and employees including tour hosts John and Judy Heide from all claims or liabilities for personal injury or damages of any kind, which arise out of or relate to my traveling during, or, to and from this trip.

Signature _____

Date _____