

**Our Savior Lutheran Church
1910 Black Road
Joliet, IL 60436**

ADULT HEALTH FORM

Name of adult attending: _____
Age _____ Sex _____
Address _____

Personal Health/Accident Insurance Company _____
Policy # _____ Group # _____

Health Concerns: Check if you have or are subject to. Write in any concerns not listed below.
_____ Asthma _____ Fainting Spells _____ Convulsions _____ Heart Trouble _____ Diabetes
_____ Blood Disorder _____ High Blood Pressure _____ None of the above applies _____ Other
_____ Allergy to any medication, food, plant, animal or insect toxins (describe, please be specific)

Adult Authorization: This health history is correct as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me.

Adult Signature _____ **Date** _____

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give permission to the licensed health care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injection of medication for my child or for me, if participant is an adult.

*****Signature** _____ **Date** _____

In case of emergency contact:

#1

Name _____ Relationship _____

Work # _____ Home # _____ Cell # _____

#2

Name _____ Relationship _____

Work # _____ Home # _____ Cell # _____