



I, _____, plans to attend FORWARD Conference 2016 and All South Tubing with Cathedral of Praise.

I understand that if a serious emergency arises, it may be necessary for a physician to attend to my medical needs. For this to take place, I am signing below providing my Authorization for Medical Treatment. I give permission to be taken to appropriate medical facilities for treatment when deemed necessary and that medical or surgical treatment is implemented when recommended by a medical doctor.

I understand that the church or its agents will not be responsible for medical expenses incurred, but that such expenses will be my sole responsibility. I agree to notify the church in the event of any health changes, which would restrict my participation in any planned activity.

I hereby release and hold harmless Cathedral of Praise, its officers, trustees, agents and employees from financial responsibility for my life and medical fees/premiums incurred pursuant to this consent.

Name: _____ Date of Birth: _____

Address: _____

Social Security No.: _____ Home/Cell Phone: _____

List any medical exemptions (allergies, blood transfusion, etc.) you have:

List any significant health problems (asthma, diabetes, epilepsy, etc.), surgeries or hospitalizations:

Are you currently under a physician's care for any illness? _____ If yes, please specify: _____

Date of last tetanus shot: _____

I'm currently taking the following medicine prescribed by a doctor:

Name of medicine: _____

Dosage: _____

Physician's Name and Phone Number: _____

Health and Accident Insurance Carrier: _____

Policy Number: _____

Name of Policyholder: _____

Emergency Contact Information:

Name: _____ Cell Number(s): _____

Signature

Date