

EMERGENCY INFORMATION SHEET



FIRST BAPTIST
CHURCH
JEFFERSON CITY

Full Name _____

Home Address _____
(Street Address)

(City) _____ (State) _____ (Zip) _____

Preferred phone (_____) _____

Preferred Email: _____

Name of person(s) to call in case of emergency:

1. Name _____ Relationship _____

Phone: _____

E-Mail: _____

2. Name _____ Relationship _____

Phone: _____

E-Mail: _____

Name of your physician to call in case of an emergency:

Name _____

Phone: _____

Prescription drugs and dosages you are presently taking (continue on back if needed)

Drugs to which you have a known reaction: _____

Major health problems you have had in the past five years (continue on back if needed):

Are you wearing contacts on this trip? _____

1. Please include a copy of the front and back of your medical insurance card.
2. All doctors' releases to be attached if you are presently under doctor's care.
3. Use the back if you need to include more details pertinent to your health on this trip.