



EMERGENCY DATA FORM

NAME:

Mr. Mrs. Miss Other _____

First Middle Last Date of Birth or Age

Street Address City State Zip

(____) _____ (____) _____ _____

Home Phone Work / Cell Phone Email Address

EMERGENCY CONTACT PERSON:

Mr. Mrs. Miss Other _____

First Middle Last Relationship

Street Address City State Zip

(____) _____ (____) _____ (____) _____

Home Phone Work / Cell Phone Other Phone

MEDICAL INFORMATION: Please list any ailments, illnesses and/or diseases and the required medications that impact your health and welfare. Also, please list any known allergies.

**THIS FORM WILL BE HELD IN CONFIDENCE AND THE INFORMATION
 WILL NOT BE RELEASED UNLESS THERE IS AN EMERGENCY.**

I hereby authorize the release of my medical information in the event of an emergency situation during my participation in a Maranatha Christian College & Theological Seminary sponsored class or event.

Signature: _____ Date: _____