Zion Missionary Baptist Church 888 Zion Circle, Roswell, GA 30075

888 Zion Circle, Roswell, GA 30075 (770) 993-8587 Office (770) 992-0834 Fax

Adult Medical Consent Form

Participants Full Name:					
Last	First	MI	Sex	Age	
Address:					
In case of emergency, notify:					
Name:	Name:				
Address:	Address:	Address:			
Phone:	Phone:	Phone:			
Do you have any of the following all	ergies?				
Penicillin Other Drugs Environmental Allergies	Insect Stings Other				
Please list any medications you are o	ourrantly taking:				
Is there any medical or hospitalizati					
		Group Number:			
		Policy Number: Office Number:			
This health history is correct to the best of a sponsored by Zion Missionary Baptist Churchurch employees and staff to consent to an may be suggested, recommended, prescribed Baptist Church, it's employees and voluntee understand if the above information change valid for one calendar year beginning	ch. In the event of an emery y surgical or medical treatm d, or directed by a duly lice or staff from any liability ar s, I will complete a new com	gency, I hereby au nent or procedure nsed physician, fu ising from church	thorize, under s not prohibited rther, I release activities and d	O.C.G.A § 31-9-2 I by law which Zion Missionary outgoings. I	
Signature:		Date:			
Please circle any of the following mi	nistries that you partic	cipate in:			
Boy Scouts Girl Scouts Ad	ult Missions Youth	Missions	Ushers Ed	lucation Dept.	
Gospel Choir Youth Choir	Sanctuary Choir	Mens Ch	oir V	oices of Glory	