



First Presbyterian Church Livermore
2020 Fifth St., Livermore, CA 94550
Tel: 925-447-2078 Email: office@fpcl.us

Emergency Form

Valid 2015 (note: if information changes please submit new form)

Name _____ Birth date _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email: _____

Emergency contact Name/phone (someone not with you on your trip)

Alternate Emergency contact /phone number

Please PRINT information carefully and clearly distinguish between letters and numbers.

Liability Waiver

NOTE: Please complete and sign only if you do not have medical insurance.

I _____ do not have medical insurance.

I understand that by attending any events, the First Presbyterian Church Livermore and the San Francisco Presbytery will not be responsible for any emergency medical expenses incurred.

Signature _____ Date _____

PLEASE SIGN:

I understand that the First Presbyterian Church Livermore and San Francisco Presbytery will not be held liable for my actions that might involve a lawsuit.

Signature _____ Date _____

Please complete both sides of this form



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MEDICAL INFORMATION AND RELEASE

Doctor's Name _____ Phone () _____

Medical Insurance Company _____ Policy # _____

Please include photocopy of your: (Please initial that these are included)
Medical insurance card
Prescription Card (if applicable)
Photo I.D.

List All Allergies:

Five horizontal lines for listing allergies

List All Medications (Prescribed & OTC) and reason for medication:

Multiple horizontal lines for listing medications and reasons

List Any Surgeries:

Three horizontal lines for listing surgeries

Are there any physical limitations/health history that would affect the ability for you to participate in any Activities:

Five horizontal lines for listing physical limitations

I, _____ accept that I am a voluntary participating adult from First Presbyterian Church Livermore. In the unlikely event of an emergency, I give my permission to be treated by an accredited physician in an approved emergency clinic or hospital. I designate the adult leaders for the group with the authority to act on my behalf and order appropriate treatment. I further release from any liability the San Francisco Presbytery and the First Presbyterian Church Livermore and its officers and approved emergency clinic leadership, in the event of any accident en route during and returning from these events. I expect to have my emergency contact contacted as soon as possible

* If we cannot provide proof of medical insurance, I have signed the waiver on the front releasing liability.

Signature

Please complete both sides of this form