

Date: _____

Last Name: _____

EASTMINSTER PRESBYTERIAN CHURCH
6550 SAMUELL BLVD. DALLAS, TX 75228; 214-381-4693

ADULT EMERGENCY INFORMATION AND CONTACT FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: __/__/__

Home Phone: _____ Cell Phone: _____

IN CASE OF EMERGENCY CALL:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

NAME OF FRIEND OR RELATIVE, IF ABOVE CAN NOT BE REACHED:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

MEDICAL INFORMATION:

Please list all allergies: (This includes all Medications, Foods, Insect Bites, Asthma, etc.)

Do You Carry an EPI Pen? _____ Yes _____ No

Please list any medications you are currently taking:

Please list all health restrictions, pre-existing or present medical conditions:

Doctor: _____ Phone: _____

Insurance Company: _____ Phone: _____

Date: _____

Print Last Name: _____

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DIRECTORY INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: __/__/__

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Cell Phone: _____

Email 1: _____

Email 2: _____

Do you wish to include: Cell Phone Work Phone Email 1 Email 2

Do you wish to keep private: Cell Phone Work Phone Email 1 Email 2

What is your preferred method of contact? _____

Do you wish to be on the Eastminster Email list for news and information? Yes No

Date: _____

Print Last Name: _____

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