

Mount Pleasant Community Church

1400 W. Broomfield, Mt Pleasant, MI 48858 – Phone 989.773.3641 – Fax 989.779.9901

SLiM Volunteer Health Form

Updated: 7 July 2008

Emergency Contact and Medical Information

| | | | | | |
|---------------------|-------------------|---------------------|-------------------|-----|---|
| Name | | Date of Birth | | M | F |
| | | | | Sex | |
| Emergency Contact 1 | | Emergency Contact 2 | | | |
| () | () | () | () | | |
| Home Phone | Work / Cell Phone | Home Phone | Work / Cell Phone | | |
| Your Address | | City, St, ZIP | | | |

Insurance Information

| | |
|-------------|-------------------|
| Company | Group or Employer |
| Member Name | Policy Number |

Medical Information

| | |
|---|----------------------|
| Allergies/Special Health Considerations | Medications / Dosage |
| Physician's Name | Phone Number |

1. In the event of an emergency, I, the undersigned, hereby appoint the leaders of Mt. Pleasant Community Church each to act alone, and delegate to each such person the power to consent on my behalf to all emergency treatment and/or medical care (except elective surgery) determined to be necessary or desirable by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state/province where the services are rendered, either at a doctor's office or hospital

2. The Power of Attorney shall continue until revoked by the undersigned, or for twelve (12) months after its date, whichever is earlier. Physicians or the hospital staff may assume and rely that this authorization is currently in effect during such twelve month period unless notified.

3. The undersigned certifies that he/she has read the Power of Attorney (or had it read to them), and that he/she understands this Power of Attorney.

| | |
|-------------------|------|
| Name Printed | |
| Signature | Date |
| Witness Signature | Date |