

Contact and Medical Information

Please fill out your contact and medical information below.

Legal Name*

First Name

Last Name

Date of Birth*

 

Are you over 18 years of age at the time of registered event?*

Yes

No

Is this medical release form part of your Impact University STUDENT Registration?*

Yes

No

STAFF - PLEASE ANSWER 'NO' TO THIS QUESTION

Address*

City

State

ZIP Code

Preferred Phone*

Phone Type*

 Home Business Cell

Alternate Phone

Phone Type

 Home Business Cell

Email

Church Name*

Church City*

Emergency Contact Person*

First Name

Last Name

Relationship to You*

Emergency Preferred Phone*

Emergency Alternate Phone

Emergency Contact Email

Secondary Emergency Contact Person*

First Name

Last Name

Secondary Emergency Contact Relationship to You*

Secondary Emergency Contact Preferred Phone*

Secondary Emergency Contact Alternate Phone

Secondary Emergency Contact Email

Insurance Company

Insurance Company Phone

Insurance Policy Number

Primary Insurance Subscriber's Name

Is prior notification required for emergency health care at a hospital?

 Yes No

Phone number for prior notification for hospital care.

Physician

Physical Limitations/Special Instructions

List ALL KNOWN Allergies (Food/Drugs/Other)*

If no known allergies, please enter 'none'

Recent Operations or Serious Illnesses

Additional Comments



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