BIBLE BASKETBALL

Emergency Medical Information Form

Renew Church's Gym | 10915 Florida Blvd. | Baton Rouge, LA 70815

Current BIBLE Basketball Program Leaders: **William Day** and **Josh Kern**

> This form is used to provide BIBLE Basketball leaders and Renew Church personnel with important emergency contact and medical information if a participant becomes ill or injured during a BIBLE Basketball gathering.
>
> This information is collected for emergency-response purposes only and should be kept reasonably secure and accessed only when needed by authorized BIBLE Basketball or Renew Church personnel.

PARTICIPANT INFORMATION

Participant Name: _____

Date of Birth: _____ **Mobile Phone:** _____

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

Email: _____

EMERGENCY CONTACT #1

Name: _____

Relationship: _____ **Mobile Phone:** _____

EMERGENCY CONTACT #2

Name: _____

Relationship: _____ **Mobile Phone:** _____

EMERGENCY MEDICAL INFORMATION

Physician, if applicable: _____ **Phone:** _____

Dentist, if applicable: _____ **Phone:** _____

Preferred Hospital, if applicable: _____

BIBLE BASKETBALL

Emergency Medical Information Form

EMERGENCY MEDICAL INFORMATION (continued)

Health Insurance Carrier: _____

Member or Policy Number: _____ **Insurance Phone:** _____

ALLERGIES

MEDICAL CONDITIONS

CURRENT MEDICATIONS EMERGENCY PERSONNEL SHOULD KNOW ABOUT

PHYSICAL LIMITATIONS OR OTHER IMPORTANT MEDICAL INFORMATION

RELIGIOUS, MEDICAL, OR PERSONAL CONSIDERATIONS EMERGENCY PERSONNEL SHOULD KNOW

BIBLE BASKETBALL

Emergency Medical Information Form

EMERGENCY AUTHORIZATION

If I become ill or injured during a BIBLE Basketball gathering and I am unable to make decisions for myself, I authorize reasonable efforts to contact the emergency contact listed on this form.

If emergency medical attention appears reasonably necessary, I authorize BIBLE Basketball program leaders or volunteers, Renew Church personnel, or other persons responding to the emergency to contact 911 or other appropriate emergency medical services on my behalf.

I understand that qualified medical professionals or emergency personnel will make medical treatment decisions according to applicable law and professional standards.

I understand that I am responsible for costs associated with emergency transportation, evaluation, or treatment, except to the extent responsibility is otherwise determined under applicable law.

PARTICIPANT ACKNOWLEDGMENT

☐ **I confirm that the information I provided on this form is accurate to the best of my knowledge, and I understand that it may be used to assist in responding to a medical emergency.**

ADULT PARTICIPANT SIGNATURE

Participant Name: _____

Participant Signature: _____ **Date:** _____

FOR PARTICIPANTS UNDER AGE 18

Minor Participant Name: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Relationship to Minor: _____ **Mobile Phone:** _____

By signing this form, I confirm that I am the participant's parent or legal guardian and authorize the emergency-response actions described above if the minor becomes ill or injured while participating in BIBLE Basketball.