

ANNUAL MEDICAL FORM

Northway Church

January 1, 2024 - December 31, 2024

Name _____ SSN# _____ Birthday _____

Address _____ Cell Phone _____

City/StateZIP _____

Spouse Name _____ Spouse Phone _____

Other Emergency Contact: Name _____ Phone _____

MEDICAL INFORMATION

Family Physician _____

Clinic _____ Phone _____

Insurance Company _____ Policy # _____

Member's Name _____ Ins. Company Phone# _____

Allergies _____

Medication being taken _____

Physical Handicaps/Special Conditions _____

MEDICAL AND SURGICAL WAIVER

I, (print name) _____, hereby acknowledge that in the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to Northway Church (NWC), its representatives, sponsors, or any treating physicians or personnel, to make such decisions and to perform such medical treatments and/or surgery which may in their sole direction be necessary and proper under the circumstance. I expressly waive my HIPAA rights and authorize the medical personnel to release information they deem pertinent in their sole discretion to a NWC representative. I release, acquit, discharge, and covenant to indemnify and hold harmless NWC or its representatives, the sponsors, or any treating physicians or personnel, including their heirs, agents or assigns, from any and all actions, causes of actions, related risks and dangers, including, but not limited to, negligence, damages, HIPAA penalties, or liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

Signature _____ Date _____

Signature of Witness _____ Date _____

Parent/Guardian Signature _____ Date _____
(if under 18)