

Greater Allen Cathedral Worship Conference 2018

HEALTH FORM/HEALTH HISTORY

(This form must be filled out and signed by your Primary Care Physician)

NAME: _____ Age: _____

ALLERGIES

___ Hay Fever

___ Asthma

___ Foods _____

___ Drugs _____

___ Insects Stings

___ Other _____

CHRONIC PROBLEMS

___ Diabetes

___ Convulsions

___ Bleeding

___ Clotting

___ Other _____

This section must be filled out completely for any medical issues:

Are there any physical impairments or activity restriction? If so explain:

Any Special Needs: _____

MEDICATION AUTHORIZATION

(All medication must be in original container)

Medication(s) _____

Insurance _____ ID # _____

Emergency Contact Name _____

Number: (____) _____ Relationship: _____

Doctors Group # _____ Doctors Seal

PARTICIPANT AUTHORIZATION

(If participant is under 18 yrs, form must be signed by Parent/Guardian)

Participant Signature: _____ Date: _____

Liability Clause: The Greater Allen A.M.E. Cathedral of New York assumes no responsibility for injuries or damages sustained while on the Allen Complex premises. Please take note that anyone who participates in the GAC Worship Conference 2016 which includes active dance technique classes, liturgical dance and mime movement, stepping, singing, moving equipment, etc..., does so at his/her own risk.