



Medical Attention Permission Form

ADULTS 18 AND OLDER MUST COMPLETE THIS FORM

I _____ give permission to the NJC Youth Ministries, and those adults in charge, to obtain any medical care they feel is necessary on my behalf, during the _____ at _____ on _____, 20____ in the event that I become unconscious, incoherent, or am unable to obtain medical attention on my own.

I also will not hold the NJC Youth Ministries, or its members, liable in any way for any injury sustained.

Insurance Co. _____

Policy # _____

Please include any pertinent allergy or medical information that relates to your health.

Signature: _____

Phone: _____

Date: _____

You must submit a copy of form & keep a copy on your person at all times

Please mail original copies to:
Youth Ministries
NJ Conference of Seventh Day Adventist Inc.
2303 Brunswick Avenue
Lawrenceville NJ 08048