



## 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