

# Health History and Medical Authorization

Outreach Ministry Teams  
Emmanuel Faith Community Church

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work/Cell phone \_\_\_\_\_

Health insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Contact in case of emergency \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Primary doctor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

Known allergies (medications, pollens, foods, other) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe reaction \_\_\_\_\_

\_\_\_\_\_

Has your reaction ever required emergency room care? \_\_\_\_\_

Please list any current health problems \_\_\_\_\_

\_\_\_\_\_

Please list any possible recurrent health problems (i.e. chest pains, kidney, migraines, etc.)

\_\_\_\_\_

Please list any prescription medications you are bringing:

Name of drug

Dose

Frequency

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Blood Type \_\_\_\_\_

**Medical Authorization**

I do hereby authorize team leader \_\_\_\_\_ for an Outreach team of Emmanuel Faith Community Church (EFCC) to give consent for me **if I'm unable to make that decision** for any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable.

This authorization shall remain effective from \_\_\_\_\_ to \_\_\_\_\_ .

I, the undersigned, have read and understand the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date