

**Montreat Conferences on Worship & Music**  
**Emergency Contact Information/Medical Release**

**THIS FORM MUST BE COMPLETED FOR EVERY PARTICIPANT  
REGARDLESS OF AGE, AND BROUGHT TO CHECK-IN.**

*The intention of this form is to be able to locate persons at home in case of an emergency at the conference, and to be able to locate participants in case of an emergency at home. It will also be used to reach the appropriate persons as quickly as possible to obtain treatment for an injured person.*

**Group leaders, please bring this form** (copy as needed) **for each participant, and make a duplicate for yourself to keep in case of an emergency within your group.**

The Conference strongly urges that this form be completed even for those persons in your group that are not registered for the conference but are attending or helping with your group. The forms should be in the possession of the lead adult and a copy given to the PAM/Worship & Music Office.

**Name** \_\_\_\_\_

**Church** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Name of Emergency Contact staying at Montreat** \_\_\_\_\_

Address at Montreat \_\_\_\_\_

Phone at Montreat \_\_\_\_\_

**Name of Emergency Contact at home** \_\_\_\_\_

Home address \_\_\_\_\_

Phone: Day \_\_\_\_\_ Work \_\_\_\_\_

**ADULT:**

**Does an adult member of your group, or the Montreat Conference Staff, have your permission to secure medical attention if the Emergency Contact at home can not be reached immediately? Please initial \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CHILDREN/YOUTH**

**Does the lead adult of your group, or the Montreat Conference Staff, have your permission to secure medical attention if you (parent or guardian) can not be located immediately? Please initial \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**INSURANCE PROVIDER      *!Required!***

*The below info. is required, or you may attach a photocopy of your medical insurance card instead.*

**Insurance company** \_\_\_\_\_ **Type of plan** \_\_\_\_\_

**Group name/number** \_\_\_\_\_ **ID #** \_\_\_\_\_

**Name on card of covered individual** \_\_\_\_\_

**Extra info on card that may be helpful** \_\_\_\_\_

*List pertinent medical information pertaining to you (adult)/your child's health which would help in the time of emergency: allergies; ongoing medical problems such as asthma, diabetes, heart conditions, seizure disorders, fainting spells; and medications currently taking. Use the back if necessary.*