

## Holy Fire Great Lakes – 10.9.2022 – Adult Form

**Please print clearly**

Parish/School:	Parish/School City:	State:
(Arch)diocese:		

Adult First Name:	Last Name:
Street Address:	
City:	State:      Zip:
Email:	Mobile Phone #:      Birth Date (mm/dd/yyyy):

**Please check all that apply:**

Clergy/Religious:	None	Sister	Brother	Priest	Deacon
Valid Background Check:	Yes	No	Valid Virtus Training:	Yes	No

Emergency Contact Name:	Emergency Contact Phone Number:
Family Physician	Physician Phone Number:
Physician Street Address:	
City:	State:      Zip:

List allergies, medication, contract, or other pertinent comments:

**Health Insurance Data:**

Company:	Policy #:
Group #:	Contract #:

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician. I acknowledge that it is my responsibility to submit a new form if any of the above information changes.

Print Name:	Signature:	Date:
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Group Leaders please keep a copy of this and all forms.