Emergency Contact Information

Name: _____

In case of an emergency and I am unable to speak for myself, I authorize Temple Bible Church or its designee to contact the following person(s) to make any decision necessary to obtain medical treatment and/or care on my behalf.

1) _____

2) _____

If neither of the persons listed above can be reached or if time is of the essence, I authorize Temple Bible Church or its designee to make any decision necessary to obtain medical treatment and/or care on my behalf.

_____ _____
Signature of Team Member Date

_____ _____
Witness Date

My United State's physician's name and telephone number is:

_____ _____

I am currently taking the following prescription medications:
(Please PRINT)

Name of Medication	Dosage	Frequency