

**Burke Community Church  
ADULT EMERGENCY CARE FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Group No. \_\_\_\_\_

Physician Name and Phone: \_\_\_\_\_

Allergies (medication or other): \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BURKE COMMUNITY CHURCH**

**MEDIA RELEASE FORM**

By completing this form, I give Burke Community Church permission to use my photograph, interview and or likeness thereof, on the Church's website and/or printed material to be distributed for public viewing.

I understand I will not receive any compensation from Burke Community Church and agree to hold Burke Community Church harmless from any future claims and/or liability that may arise from such usage.

Date: \_\_\_\_\_ (Expires 12/31/2025)

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_