Arcadia Chinese Baptist Church | Senior & Newcomer Transportation Ministry

Medical Information, Emergency Medical Authorization & Liability Release

---

I. Participant Information

Participant Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Preferred Language: _____

Mobility Assistance Needed: ☐ Yes ☐ No

If yes, please specify:

_____

Emergency Contact #1

Name: _____

Relationship: _____ **Phone:** _____

Emergency Contact #2

Name: _____

Relationship: _____ **Phone:** _____

II. Medical Information

Medical Conditions (Please check all that apply)

☐ Heart Disease ☐ High Blood Pressure ☐ Diabetes ☐ Asthma ☐ COPD
☐ History of Stroke ☐ Seizures ☐ Arthritis ☐ Dementia / Memory Loss
☐ Hearing Impairment ☐ Vision Impairment ☐ Allergies ☐ Other: _____

Medications Currently Taken:

_____

Food Allergies (Please list allergens):

_____

Activity Restrictions or Special Considerations:

_____

Health Insurance Company: _____ **Policy Number:** _____

Primary / Family Physician: _____ _____ **Phone:** _____

Important Notice

Please notify the Church and update this form promptly if there are any changes to your medical conditions, medications, emergency contact information, or health insurance information. Participants are responsible for their own special dietary needs and for bringing, storing, and taking their personal medications.

If a participant incurs medical expenses due to illness, injury, or other medical needs while participating in Church activities or while on Church premises, such expenses shall be the responsibility of the participant or the participant's health insurance.

III. Emergency Medical Authorization

I authorize the volunteers of Arcadia Chinese Baptist Church, if I am receiving transportation services or participating in a Church activity and become unable to communicate or express my wishes due to illness, injury, or another emergency, to contact **911 emergency services** and assist me in obtaining appropriate emergency medical care when reasonably necessary.

I understand that any medical expenses resulting from emergency medical treatment shall be the responsibility of the participant or the participant's health insurance.

IV. Liability Release

I voluntarily request and accept transportation services provided by Arcadia Chinese Baptist Church and its volunteer drivers. I understand that riding in a private vehicle and participating in Church-related activities may involve ordinary risks, including automobile accidents, falls, illness, injury, or other risks.

To the fullest extent permitted by California law, I agree to release and hold harmless Arcadia Chinese Baptist Church, its pastors, ministers, employees, volunteers, ministry leaders,

volunteer drivers, and other persons acting on behalf of the Church from claims, damages, losses, or liabilities arising from my participation in the Church's transportation services or related activities, except for liabilities that cannot legally be waived under applicable California law.

I understand that the transportation services provided by the Church are offered as a ministry and volunteer service and are not commercial transportation services. Volunteer drivers are not professional medical transportation providers or medical professionals.

I agree to wear a seat belt at all times while riding in a vehicle whenever a seat belt is provided, and to follow reasonable safety instructions given by the driver or the Church.

V. Participant Acknowledgment and Signature

I confirm that I have read and understand the **Medical Information, Important Notice, Emergency Medical Authorization, and Liability Release** contained in this form. I certify that, to the best of my knowledge, the medical and health information I have provided is true, complete, and accurate.

I voluntarily agree to the terms stated above and understand that I should promptly notify the Church and update this form if any relevant information changes. This authorization shall become effective upon signing and shall remain in effect until revoked by me in writing.

Participant Legal Name:

_____

Participant Signature:

_____

Date: _____

Witness

I attest that the participant has read and signed this document.

Witness Name:

_____

Witness Signature:

_____

Date: _____