## Emergency Contact and Current Medication Information

PATIENT INFORMATION				
Name:	DOB:	Soc. Sec. #:		
Mailing Address:		State: Zip:		
Phone: (Home)	(Cell)_			
PHYSICIAN & PHARMACY INFORMATION				
Doctor:	Phone #:			
Pharmacy:	Phone #:			
Doctor:	Phone #:			
Pharmacy:	Phone #:			
EMERGENCY CONTACTS				
Name:	Relatio	onship:		
Phone: (Home)	(Cell)	(Work)		
Name:	Relatio	onship:		
Phone: (Home)	(Cell)	(Work)		
MEDICAL CONDITIONS				
1	2			
3	4			
5	6			
ALLEDOICS TO MEDICATIONS				
ALLERGIES TO MEDICATIONS				

**REACTION** 

**MEDICATION** 

## **CURRENT MEDICATION REGIMEN**

MEDICATION	DOSAGE	FREQUENCY	CONDITION/ SPECIAL NOTES



## NOTE: PLEASE MAIL REGISTRATION & MEDICAL FORMS BACK TO:

**Church of God State Executive Office** 

Attn: Phyllis Bewley

7428 Old Lee Highway

Chattanooga, TN 37421-1141