

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

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

**EASTMINSTER PRESBYTERIAN CHURCH**  
**6550 SAMUELL BLVD. DALLAS, TX 75228; 214-381-4693**

**ADULT EMERGENCY INFORMATION AND CONTACT FORM**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***IN CASE OF EMERGENCY CALL:***

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***NAME OF FRIEND OR RELATIVE, IF ABOVE CAN NOT BE REACHED:***

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***MEDICAL INFORMATION:***

Please list all allergies: (This includes all Medications, Foods, Insect Bites, Asthma, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do You Carry an EPI Pen?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Please list any medications you are currently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all health restrictions, pre-existing or present medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Print Last Name: \_\_\_\_\_

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**6550 SAMUELL BLVD. DALLAS, TX 75228; 214-381-4693**

**DIRECTORY INFORMATION**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Do you wish to include:     Cell Phone         Work Phone         Email 1         Email 2

Do you wish to keep private:     Cell Phone         Work Phone         Email 1         Email 2

What is your preferred method of contact? \_\_\_\_\_

Do you wish to be on the Eastminster Email list for news and information?     Yes         No

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

Print Last Name: \_\_\_\_\_

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**DIRECTORY INFORMATION**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

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