



GMWA HOUSTON CHAPTER

Timothy Thompson, Chapter Representative

Ronald Materre, Asst. Chapter Rep.

Karen Blanton, Asst. Chapter Rep.

Michael Green, Asst. Chapter Rep.

MEDICAL ALERT FORM

NAME _____ MALE / FEMALE
GENDER

ADDRESS _____ CITY _____, TEXAS ZIP CODE _____

EMERGENCY CONTACTS PHONE CITY

- 1.
- 2.
- 3.

ALLERGY(S)

1. _____ 2. _____ 3. _____ 4. _____

DISABILITIES (I.E.) WALKING CANE / WALKER / WHEELCHAIR / OTHER - NA

1. _____ 2. _____ 3. _____ 4. _____

LIST ALL MEDICAL CONDITIONS / SYMPTOMS / PRESCRIBED AND OTC MEDS

- 1.
- 2.
- 3.
- 4.

YES / NO : SEE SEALED ATTACHMENT FOR ALL OTHER CONFIDENTIAL MEDICAL INFORMATION

DOCTOR'S NAME

OFFICE PHONE

INSURANCE CARRIER

POLICY #

PRINCIPAL INSURED

PREFERRED HOSPITAL SYSTEM

PLEASE SIGN THIS FORM BELOW GIVING AN AUTHORIZED PERSON OF THE GOSPEL MUSIC WORKSHOP OF AMERICA, INC. AND / OR HOUSTON MASS LOCAL CHAPTER PERMISSION TO SEEK PROMPT MEDICAL ATTENTION IN CASE OF AN EMERGENCY. BECAUSE YOU ARE A VITAL PART OF THIS ORGANIZATION, YOUR GOOD HEALTH GMWA HOUSTON CHAPTER IS IMPORTANT TO US.

CHAPTER REPRESENTATIVE'S SIGNATURE: _____

ELDER TIMOTHY THOMPSON
713-419-4643

PRINT YOUR NAME

SIGN YOUR NAME

DATE