

Peninsula-Delaware Conference of the United Methodist Church
MEDICAL RECORD AND LIABILITY RELEASE FORM

(Each person must bring this form with them in order to register. Persons without a form will not be able to attend.)

Date of Event: _____ Church: _____ Date signed _____

SECTION 1: MEDICAL RECORD AND INSURANCE

Full Name: _____ Date of birth: _____

Address: _____

City/State/Zip: _____ Home phone: _____

MEDICAL INSURANCE INFORMATION

Is this person covered by a medical insurance policy? Yes _____ No _____

Name of policy holder: _____ Relationship to participant: _____

Insurance company: _____ Phone #: (____) _____

Medical insurance policy number: _____ Check one: Group plan: _____ Individual/Family plan: _____

MEDICAL HISTORY

Blood Type: _____

List allergies or allergies to medications: _____

List medication(s) presently taking: _____

Please describe any medical problems or conditions including mental & emotional: _____

List any restrictions on sports or physical activity: _____

I hereby give permission for the person listed above to be treated with the following medications:
(Check medications you approve for this person to receive)

____ Acetaminophen (temp/pain reliever) ____ (Sudafed/allergy) ____ Ibuprofen (temp/pain reliever) ____ Diphenhydramine
(Benadryl/allergy) ____ (Antidiarrheal) ____ Guaifenesin (Robitussin/Cough Syrup)

List any medications person should not have: _____

Doctor's name: _____ Doctor's phone: (____) _____

SECTION II: MEDICAL TREATMENT RELEASE AND LIABILITY RELEASE

I, the undersigned parent or guardian (or self if adult 21 or over), do hereby grant permission for _____ to attend the Recovery Operations. I hereby authorize the staff to obtain and consent to medical treatment f in case of injury or illness during the Recovery Operations. And I hereby release and discharge the event staff, the Peninsula-Delaware Conference of the United Methodist Church, and the United Methodist Church and its representatives, employees, volunteer staff, and agents from any and all debts, judgments, or suits of any kind which may arise or be occasioned as a result of the participant's participation in the Youth Rally.

I further acknowledge and understand that by participating in the Recovery Operations there is a possibility of physical illness or injury is assuming the risk for such illness or injury by his/her/my participation. It is my understanding that payment of any medical bills will be paid by me or by my insurance company.

Signature if 21 or over

Name (printed)

Person to call in case of emergency

(____) _____
Emergency phone number

Alternate person to call in case of an emergency

(____) _____
Alternate emergency phone number