Great Plains Conference of the United Methodist Church

Health and Liability Release Form

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

Church: First United Methodist Church Manhattan, KS 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) ____ Suphedrine (Sudafed/allergy) ____ Ibuprofen (temp/pain reliever)

____ Diphenhydramine (Benadryl/allergy) ____ Loperamide (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 _____. I hereby authorize the event staff to obtain and consent to medical treatment for my child in case of injury or illness during the event, and I hereby release and discharge the event staff, the leaders and staff of _____ United Methodist Church, the Great Plains 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 this event, including transportation to and from the event.

I further acknowledge and understand that by participating in this event, there is a possibility of physical illness or injury and my child (or self if 21 or over) 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 of Parent, Guardian, or self if 21 or over Name of Parent, Guardian, or self (printed)

_____ (____) _____
Person to call in case of emergency Emergency phone number

_____ (____) _____
Alternate person to call in case of an emergency Alternate emergency phone number