

Great Plains Annual Conference of The United Methodist Church

2019 The OneEvent 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.)

SECTION 1: PARTICIPANT'S MEDICAL RECORD AND INSURANCE

Full Name: _____ Date of birth: _____
Address: _____
City/State/Zip: _____ Home phone: (_____) _____

MEDICAL INSURANCE INFORMATION

Is the participant 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, including 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 participant listed above to be treated with the following medications:

(Check medications you approve for this person to receive)

_____ Acetaminophen (temp/pain reliever) - _____ Suphdrine (Sudafed/allergy) - _____ Ibuprofen (temp/pain reliever)
_____ Diphenhydramine (Benadryl/allergy) - _____ Loperamide (Antidiarrheal) - _____ Guaifenesin (Robitussin/Cough Syrup)

List any medications participant should not receive: _____

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 participate in any meetings and events sponsored by the Great Plains Conference of The United Methodist Church and its respective districts occurring on or between January 1, 2019 and December 31, 2019. (Events sponsored by Great Plains Camps, Inc. will require a separate liability release form.) I hereby authorize the event staff to obtain and consent to medical treatment for my child (named above) 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 Annual Conference of the United Methodist Church and its respective districts, and the United Methodist Church and its representatives, employees, volunteer staff, and agents from any and all claims and causes of action of any kind or nature whatsoever, including negligence, known or unknown, which may arise or be occasioned as a result of the participant's participation in this event, including transportation to and from the event, and the provision of medical treatment.

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 of 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 (please print clearly)

Person to call in case of emergency

(_____) _____
Emergency phone number

Alternate person to call in case of an emergency

(_____) _____
Alternate emergency phone number

Date of event: _____ Church: _____ Date signed: _____