

Baltimore-Washington & Peninsula-Delaware Conferences of the United Methodist Church
WAVE 2022

MEDICAL RECORD AND LIABILITY RELEASE FORM

(Persons without a form will not be able to participate.)

Date of Conference: Jan 7-9, 2022 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

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: _____

By signing below, I give my permission to administer non-prescription medications (according to package directions) to the person listed above (i.e., Tylenol, Ibuprofen, Sudafed, Benadryl, throat lozenges, cough syrup, antacids, antidiarrheal, etc.) [] Yes [] No

If yes, list any over-the-counter medications the person above **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 WAVE 2022. I hereby authorize the event staff to obtain and consent to medical treatment for my child in case of injury or illness during WAVE 2022. I hereby release and discharge the event staff, the Baltimore-Washington & Peninsula-Delaware Conferences 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 WAVE 2022.

I further acknowledge and understand that by participating in WAVE 2022 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