

Denver United Methodist Church Medical Release Form

Name _____.

Home Phone() _____ Cell () _____

Address _____ City _____ State _____ Zip _____.

Medical Insurance Co.: _____ Policy No.: _____.

Name of Person on Policy: _____ Relationship: _____.

Emergency Contact: _____ Relationship: _____.

Emergency Phone:() _____ - _____ Alternate Emergency:() _____ - _____.

Known Allergies? _____ Limitations? _____.

_____.

Please list all medications currently using or may take:

Please make a copy of your insurance card and attach to this form. Thank you.

Behavior Statement: I understand that this event is for Christian nurture and growth for myself, as well as every other individual participating. Therefore I will show respect for all attending, in particular those holding leadership positions. I will not use tobacco, nor alcohol or illegal drugs. I will not bring weapons of any sort. I will observe the curfew set by my leaders, respect all facilities being used, and encourage others to do the same. I take it as my personal responsibility to support a healthy Christian atmosphere through my actions, language, and the clothes that I wear. I recognize that failure to comply with instructions can cause serious problems and, upon consultation with counselors and staff, may result in immediate contact of parents to make arrangements for my return home at their expense.

I have read the above paragraph, and agree to be responsible for my behavior in accordance with the guidelines stated above. My parents and I understand violation of the guidelines may result in my being sent home.

Signature of person attending event _____

Permission for minors: I hereby give permission for my child _____ to participate fully in all activities with Denver United Methodist Church.

Emergency Medical Care: In the event that _____ (person attending) suffers any illness or accident requiring emergency hospitalization while participating in any Denver UMC event, I hereby give permission for any necessary hospitalization. I hereby give permission to the physician selected to order x-rays, routine tests, and treatment for the health of the above named. I realize that every effort will be made to contact me and/or the contact person above in case of emergency. In the event that I may not be able to be reached in an emergency, I hereby give permission to the physician to hospitalize / secure proper treatment for / order injection or anesthesia for the above named. I will not hold Denver UMC responsible in the event of accident, loss, or death.