

HEALTH INFORMATION

Name _____ Date of birth _____

Parent/Guardian Name _____

Daytime phone number _____ Evening phone number _____

Alternate person/phone emergency contact _____

Physician name _____ Phone number _____

Insurance Carrier _____ Policy number _____

Expiration Date _____ Verification Requirements _____
(include a copy of your card or policy if possible)

Date of last tetanus shot or booster: _____

Previous major injuries/illnesses? Please explain: _____

Restriction on activities? _____None _____Sports _____Swimming _____Hiking

Other? Specify: _____

Medications required? Give name, purpose, instructions for sponsors: _____

Medications that should NOT be given?

Allergies: _____Penicillin _____Tetanus shots _____Hay fever

_____Sulfa _____Poison Ivy _____Insect Stings

Other? Specify: _____

Other Information?

AUTHORIZATION & WAIVER

I, the undersigned, being the parent and or person otherwise legally authorized to act on behalf of _____, a minor child (herein the "Minor"), in consideration of the opportunity for said Minor to participate in the activities (herein "Activities") of the Great Plains Conference of the United Methodist Church, Inc., its Churches and related entities and Program Activities (herein the "Church") do:

1. In the event of any injury or medical emergency affecting said Minor, authorize and grant to the Church and anyone acting on behalf of the Church the right to provide, approve, seek, and obtain medical care, treatment, and assistance for said Minor, and,
2. Waive all claims of the said Minor or anyone claiming through said Minor against the Church arising of said Activities,

I understand that this document has significant legal consequences, but I also believe that the Minor child will benefit from the Activities of the Church, and, for that reason and in consideration of said benefit, I choose to execute this Authorization and Waiver.

(Signature)

STATE OF KANSAS

Before me, the undersigned authority, on this day personally appeared

_____, known to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this ____ day of _____, 20____

(Seal)

Notary Public for _____ County

My commission expires: _____

