

MEDICAL RELEASE/INSURANCE FORM

Grace Community UMC – Youth Ministry (Shreveport, Louisiana)

PLEASE LEGIBLY PRINT ALL INFORMATION

ADULT _____ BIRTHDATE _____ AGE _____
Last First M.

HEIGHT _____ WEIGHT _____

ADDRESS _____
Number Street City State Zip

EMERGENCY CONTACT _____
Name Phone Number(s) Relationship

FAMILY DOCTOR _____ OFFICE PHONE: _____

MEDICAL INSURANCE COMPANY _____

POLICY HOLDER _____ POLICY # _____ GROUP# _____

DATE OF LAST TETANUS SHOT _____

SPECIAL HEALTH PROBLEMS _____

MEDICATIONS _____

ALLERGIES _____

SWIMMING ABILITY (CHECK ONE) GOOD SWIMMER FAIR SWIMMER NON-SWIMMER

This consent form gives permission to seek whatever medical attention is deemed necessary for _____, and releases Grace Community United Methodist Church and its staff of any liability against personal losses of the named adult. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, damage, to person or property that may occur during the course of my involvement as adult leader. In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date, and will, to the best of my knowledge, still be in force for the person named above. I also agree to get myself home at my own expense should I become ill or if deemed necessary by the youth ministry staff. I also hereby grant to Grace Community all right, title and interest in any and all photographic images and audio or video recordings made by or on behalf of Grace Community.

ADULT LEADER SIGNATURE _____

DATE _____

Before me, the undersigned authority, on this personally appeared _____ known to me to be the person whose name is subscribed above and acknowledged to me that she/her executed the same for the sworn purpose therein expressed. Sworn and subscribed before me this _____ day of _____ 20_____.

Witness _____

Witness _____

Notary Public in and for the Parish of _____

My commission expires _____.