

Peninsula-Delaware Conference of the United Methodist Church  
**Youth Rally 2019**  
**MEDICAL RECORD AND LIABILITY RELEASE FORM**  
(Persons without a form will not be able to participate.)

Date of Conference: Jan 4-6, 2019 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 the Youth Rally. I hereby authorize the event staff to obtain and consent to medical treatment for my child in case of injury or illness during the Youth Rally. I hereby release and discharge the event staff, the Peninsula-Delaware Conference 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 the Youth Rally.

I further acknowledge and understand that by participating in the Youth Rally 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