Philippi 2022: Sunday June 12 - Saturday June 18

Medical Release Form **Check one: ☐ Youth ☐ Adult**

I hereby authorize Ingomar United Methodist Church (IUMC), and its employees, volunteers, and/or representatives (collectively referred to as Church Representatives) to act as my agent to secure emergency medical or dental treatment for self/son/daughter, _____, when in the opinion of a Church Representative, such emergency medical or dental treatment is deemed appropriate during the time while myself/son/daughter is attending, coming to, or leaving the mission trip. I hereby release, discharge, and hold harmless IUMC and its members, agents, employees, volunteers, and others associated with this activity from any and all claims for damages of any nature in connection with IUMC's or a Church Representative's authorization of such emergency medical or dental treatment. Church Representatives are specifically authorized to sign any emergency hospital treatment forms on my behalf, and I further agree to indemnify and hold harmless IUMC, its members, agents, employees, volunteers, and others associated with this activity for any and all claims for damages of any nature in connection to or arising from attending, coming to, or leaving the mission trip.

Name: _____ Birth date: _____/_____/_____

Signature (Circle one: Self/Parent/Guardian): _____ Date: _____

Insurance Information

Name of Policy Holder: _____
Medical Insurance Provider: _____
Policy Number: _____
Group Number (if applicable): _____
Primary Care Physician, Name and Phone Number: _____

Medical History (use back if necessary)

Medications and reason for taking:

Accidents, injuries, or illnesses:

Allergies (medications, plants, bee stings, etc.):

Dietary restrictions/limitations (food allergies, sensitivities, special diets, etc.):

Current health problems:

Physical limitations that may affect participation:

If Youth, can your son/daughter be given aspirin or Tylenol if needed? Y N Last tetanus shot: _____

Emergency Contact Information – Please Print

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Additional contact (other than parent) Name and Phone: _____