

St John's United Methodist Church

7372 Marine Road, Edwardsville, IL USA
(618) 656-1853

Medical and Liability Release Form

Event Name or Description: _____ Date(s): _____

Participant Information

Name: _____ Today's Date: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Daytime Phone #: (include area code) _____ Evening Phone #: (include area code) _____

Address: _____

City: _____ State: _____ ZIP Code: _____ - _____

Employer: _____

Passport #: (if applicable) _____ Passport Expiration Date: (if applicable) _____

Emergency Contact Information *(Please list 2 emergency contacts not traveling with you)*

Contact # 1 Name: _____ Relation: _____

Daytime Phone #: (include area code) _____ Evening Phone #: (include area code) _____

Address: _____

City: _____ State: _____ ZIP Code: _____ - _____

Contact # 2 Name: _____ Relation: _____

Daytime Phone #: (include area code) _____ Evening Phone #: (include area code) _____

Address: _____

City: _____ State: _____ ZIP Code: _____ - _____

Medical Insurance Information *(Attach a copy of the front and back of your insurance card.)*

Medical Insurance Carrier: _____

Policy #: _____ Phone #: (include area code) _____

Member #: _____ Group #: _____

Physician's Name(s)

Medical Insurance Carrier: _____

Primary Care Physician: _____ Phone #: (include area code) _____

Other: _____ Phone #: (include area code) _____

Medical History and Information

List Pre-Existing or Present Medical Conditions: _____

Allergies (Medications, Food, etc.): _____

Date of last tetanus shot: _____

Please check if you wear any of the following: Contact Lenses Glasses Hearing Aid Other

Other Necessary Information Not Mentioned Prior: _____

Medications

| # Daily | Medication Name | Dosage | Prescribed For . . . |
|---------|-----------------|--------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Other Information or Instructions: _____

Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event the emergency contacts cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or an injection, anesthesia, or surgery as deemed necessary. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold St. John's United Methodist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Participant, Parent or Guardian's Name (Please Print) _____

Participant, Parent or Guardian's Name Signature _____

Date Signed _____