

Rocky Mountain Annual Conference, UMC
Medical Release/Permission Forms
Rejuvenation, November 14th-16th, 2008

Name: _____
(Last) (First) (Middle Initial)

Date of Birth: ____/____/____ Age: ____

Address: _____
(Street) (City) (State) (Zip Code)

Phone Contacts: Home () ____ - ____ Work () ____ - ____ Cell () ____ - ____ Other ____ () ____ - ____

Church Name: _____ Church Address: _____

Church Phone: () ____ - ____

In Case of Emergency Contact:

Name: _____ Daytime Phone () ____ - ____
(Parent, Legal Guardian, or Spouse) Evening Phone () ____ - ____

Address of above name: _____
(Street) (City) (State) (Zip Code)

Other relative or responsible person:

Name: _____ Relationship: _____ Daytime Phone () ____ - ____
Evening Phone () ____ - ____

Address of above name: _____
(Street) (City) (State) (Zip Code)

HEALTH FORM

Allergies/special health concerns/needs:

Medication(s) you can **NOT** take : _____

Medication(s) being taken : _____

Special Dietary Needs: _____

INSURANCE INFORMATION

Insurance Company: _____ Phone: () ____ - ____

Address: _____
(Street) (City) (State) (Zip Code)

Policy #: _____ Policy Holder's Information #: _____

Doctor's Name: _____ Phone: () ____ - ____

Address: _____
(Street) (City) (State) (Zip Code)

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Rejuvenation 2008, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders associated with this group to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel).

(Cont. on back)

I, the undersigned, who by law may do so, authorize the administration of emergency medical treatment to s/he who is the subject of this form. I understand that all reasonable safety precautions will be taken at all times by RMAC/Rejuvenation 2008 for any accident, injury or disease incurred by the subject of this form. I understand that in the event that medical intervention is needed every attempt will be made to contact the person(s) listed immediately.

I, the undersigned, also authorize the participation of the subject of this form in all activities relating to the program sponsored by RMAC/Rejuvenation. I understand that it is my responsibility to provide any updates to this information to RMAC/Rejuvenation 2008 during my/my child's participation throughout the event.

We, the guardian and the participant, also give RMAC/Rejuvenation permission to use the participant's image in any publication materials that might be used to promote the ministry in the future

Signature of Participant (if 18 or older) _____

Today's Date _____

Signature of Parent/Guardian (if under 18) _____

Today's Date _____

Please Print, Complete, & Mail to:

**Rocky Mountain Conference
6110 Greenwood Plaza Blvd.
Greenwood Village, CO 80111
Attn: Rejuvenation Registration**