

Dakotas Conference Council of Youth Ministry of the United Methodist Church
Adult Volunteer Health and Release form

 Participants Name

 Participant's Insurance company

 Policy #

 Family Physician

 Physician's Phone #

Dakotas United Methodist Camps provide a secondary accident insurance policy for all campers.

Health History

Please indicate which of the following conditions you have/or have had. Give dates if appropriate.

Medical Conditions	Allergies
Ear infections:	Insect Stings: Treatment:
Seizures:	Medications:
Diabetes:	Asthma:
Fainting:	Food:
	Other:
Operations/Serious Injuries	
Chronic/reoccurring Illness	
Tetanus: (give date of last booster)	
Other pertinent Health Information	

Other Information

Are there any activities which need to be monitored/avoided? _____

Are there routine treatments or medication required during the event? Yes No
 If yes, please specify.

Emergency Contact: _____ Phone: _____
Home Phone Work Phone Cell Phone

RELEASE

I authorize the use of my photographs by the youth ministry. The conference youth ministries may contact me by email. In case of emergency and I am unable to respond, I hereby give the event staff permission to seek emergency treatment for me in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using only those measures deemed necessary (including x-ray examinations, anesthetics, medication, medical/dental emergency surgery). I release the Conference Council of Youth Ministry and the Dakotas Conference of the United Methodist Church from liability in acting on my behalf in this regard.

Signature _____ Date ____ / ____ / ____

- I do not want photographs of me to be used by the youth ministry.
- I do not want to be contacted by the conference youth ministries by email.

Office Use Only:	Date Registered: _____
	Event No: _____
	Amount Enclosed: _____