

# Detroit Conference Waiver & Medical Authorization Form

**Detroit Conference or District EVENT NAME** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of person picking up the participant \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

\*Should plans change, please send a written authorization of the person's name whom your child maybe picked up.

Signature of Authorized Person to PickUp Participant \_\_\_\_\_

\*Verification of Person Authorized for Pick-Up—Picture identification is needed.

**Participant:** Last Name \_\_\_\_\_ First \_\_\_\_\_ female male

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Event/Contact Information: Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**Photo Release** I give permission for photographs, video images and/or audio recordings to be used for publicity of United Methodist Ministries

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information:** Name of Insurance Carrier \_\_\_\_\_

Insurance Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Does participant have any food allergies, physical, mental, or medical issues that staff paid or volunteers should be made aware of? Yes or No

If yes, please explain \_\_\_\_\_

(please use back of this form for additional information)

If prescribed medications will accompany your child they must remain in a prescription bottle with clear directions for administration in a sealed zip lock bag.

I understand that safety precautions will be taken by the Church and its agents during this event. However, I understand that the possibility of injuries, unforeseen hazards and inherent risks exists. I agree not to hold the Church, its employees, members and volunteers liable for and I release them from any damages, losses, diseases, or injuries incurred by the student.

**Emergency Health Care:** I authorize any emergency health care or treatment for my child, youth or vulnerable person that is deemed necessary by the transporter (driver) or certified care giver at an event, programs or activity sponsored by the Detroit Conference, its Districts, or one of its Agencies.

Parent/Guardian Last Name \_\_\_\_\_ First \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

During this event, emergency contact numbers \_\_\_\_\_ or \_\_\_\_\_