

# GUMC Adult Volunteer Health Waiver and Authorization

## Volunteer Information

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Information

Spouse/Significant Other's Name: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Insurance Information

Insured Name: \_\_\_\_\_  
Insurance Company and Policy Number: \_\_\_\_\_  
Doctor's Name and Phone Number: \_\_\_\_\_  
Hospital of Choice: \_\_\_\_\_  
Current on tetanus vaccination:      Yes      No      If yes, date received: \_\_\_\_\_

**Medication:** Please list prescription, dosage and frequency.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I give a staff member permission to administer over-the-counter medications for those items checked below in the event that it becomes necessary. Dosages will be administered according to the instructions on the bottle only unless a physician directs otherwise.

Antacids    Cough Medicine/Drops       Benadryl       Tylenol/acetaminophen       Advil/ibuprofen  
 Aspirin    Sudafed       Neosporin

**Allergies and food restrictions:** Please list any and all allergies that a doctor should know about in case of emergency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical Restrictions:** Please list any and all physical restrictions or conditions that restrict your activity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Authorizations and Waiver

I, the undersigned, in consideration of the opportunity to participate in the activities of the Great Plains Annual Conference of the United Methodist Church, Inc., its Churches and related entities and Program Activities (herein "Church") do:

1. In the event of any injury or medical emergency affecting my person, authorize and grant to the Church and anyone acting on behalf of the Church the right to provide, approve, seek and obtain medical care, treatment and assistance for my person, and
2. Grant the Church permission to use my image publicly to promote the activities of the Church. The images may be used in print publications, online publications, presentations, websites, and social media. I understand that no royalty, fee or other compensation shall become payable to me because of such use, and
3. Waive any and all claims of my own or anyone claiming through my person against the Church arising out of said activities.

I understand this document has significant legal consequences, but I also believe I, the undersigned, will benefit from the activities of the Church, and, for that reason and in consideration of said benefit; I choose to execute these Authorizations and Waiver. I also understand these Authorizations and Waiver will be **in effect from June 1, 2018 through May 31, 2019.**

\_\_\_\_\_  
(Signature)

STATE OF KANSAS

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

My Commission Expires: \_\_\_\_\_

(seal)