

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 Tylenol/acetaminophen Advil/ibuprofen
 Aspirin Sudafed Neosporin Benadryl/Allergy meds

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, 2020 through August 31, 2021.

(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)