

**GARBER UNITED METHODIST CHURCH
PARTICIPANT HEALTH INFORMATION AND AUTHORIZATION
2008-2009**

PARTICIPANT'S PERSONAL INFORMATION:

FULL NAME: _____ DATE OF BIRTH: _____ GENDER _____

ADDRESS: _____

HOME PHONE: _____ EMAIL: _____

FATHER (if under 18 years of age): _____ HOME/WORK/MOBILE PHONE: _____

MOTHER (if under 18 years of age): _____ HOME/WORK/MOBILE PHONE: _____

LIST TWO (2) EMERGENCY CONTACTS (other than parents)

(1)	_____	_____	_____
	NAME	ADDRESS	PHONE
(2)	_____	_____	_____
	NAME	ADDRESS	PHONE

MEDICAL INFORMATION: (Please continue on the back should you need additional space for this information.)

ALLERGIES: _____ DAILY MEDICATION: _____

PHYSICAL LIMITATIONS: _____

ARE YOU DIABETIC? _____ YES _____ NO DO YOU HAVE HIGH BLOOD PRESSURE? _____ YES _____ NO

OTHER HELPFUL INFORMATION: _____

PRIMARY PHYSICIAN NAME AND TELEPHONE NO: _____

INSURANCE INFORMATION:

NAME OF INSURED: _____ INSURED'S SOCIAL SECURITY #: _____

COMPANY: _____ POLICY NO.: _____

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION
(Notary Public Required – Notary MUST witness your signature)**

TO BE SIGNED BY PARTICIPANT 18 YEARS OF AGE OR OLDER: In the event that I am in need of medical assistance and am unable to authorize such assistance, I hereby authorize the Garber United Methodist Church adult leader in charge of the event in which I am participating to request medical assistance on my behalf.

DATE SIGNATURE OF PARTICIPANT

TO BE SIGNED BY PARENTS OF PARTICIPANT UNDER THE AGE OF 18: In the event that my child, _____, is in need of medical assistance and I am unable to authorize such assistance, I hereby authorize the Garber United Methodist Church adult leader in charge of the event in which my child, herein named above, is participating to request medical assistance on said child's behalf.

DATE PARENT'S SIGNATURE

Sworn to and subscribed before me this the _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____ (SEAL)