

North Carolina Conference of the United Methodist Church
700 Waterfield Ridge Place, Garner, North Carolina 27529
888-440-9167 or 919-779-6905

9 MEDICAL INFORMATION (TEAM LEADER RETAIN THIS FORM ON JOBSITE FOR EMERGENCY)

Always bring your insurance card with you, or a copy of both sides of your card.

Blood Type _____ Allergies: _____

I am diabetic: Y N I have a history of seizures: Y N

Health Insurance Provider _____ Policy # _____

I consider myself healthy enough to fulfill my responsibilities on the mission team. Yes _____ No _____.

Any Physical Limitations, concerns or other helpful health information?

I, the volunteer undersigned below, and/or my Guardian, undersigned below, authorize the Team Leader, undersigned below, to secure for me, in the event of a medical or dental emergency which, in the opinion of the attending physician, may endanger my life, cause disfigurement, physical impairment or undue discomfort if delayed, any necessary examination, anesthetic, surgery, treatment and/or hospital care rendered under the general supervision and on the advice of any physician licensed to practice medicine by the state in which the physician practices.

Print Volunteer Name: Volunteer Signature: Date: DOB:

Street Address: City: State: ZIP:

Emergency Contact: Phone

Highland Presbyterian Church, Fayetteville, NC June 24 - June 30, 2018

Center Name Arrival Date Departure Date

Parent/Guardian: (**Required for Youth Volunteers Only*) Phone

Team Leader / Witness Signature: Phone

****** Parent or Guardian's Authorization Signature MUST BE NOTARIZED here ******

On this _____ day of _____ Year _____

Before me personally appeared the Legal Guardian of the Youth Volunteer herein named above and executed this instrument, and who acknowledged the free act and deed thereof.

Notary Public My commission expires

State of County of