



**LOVE 1 MORE CONSTRUCTION/GROUND CREW PARTICIPANT MEDICAL FORM**

*Please Print Legibly*

**Participant Information – no one will be able to participate in construction or ground crew work without a medical form completely filled out!**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email address \_\_\_\_\_

In Case of Emergency, contact (must be a family member – list 2):

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Day # \_\_\_\_\_ Night # \_\_\_\_\_  
Name \_\_\_\_\_ Cell # \_\_\_\_\_ Day # \_\_\_\_\_ Night # \_\_\_\_\_

Medical Profile Generally, my health is: (Circle one) Excellent Good Fair Poor

If Fair or Poor, please explain your condition: \_\_\_\_\_

List any medical difficulties for which you are CURRENTLY being treated: \_\_\_\_\_

List any medication you are CURRENTLY taking: \_\_\_\_\_

List any medicines or substances to which you are ALLERGIC: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Date of Tetanus Immunization \_\_\_/\_\_\_/\_\_\_

Insurance Company: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

**(Attach copy of current insurance card)**

Address (City, State, ZIP): \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Subscriber Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Authorization for Treatment/Release of All Claims**

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the Anna/Botkins UMC/ Love 1 More lead volunteers and the physician or hospital staff during the Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, officers, volunteers and agents of Anna and Botkins UMC/Love One More project from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). I hereby give Anna and Botkins UMC and Love One More the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the Project. All information above is correct to the best of my knowledge and I agree that falsifying any information may result in dismissal from the project.

--- Please complete and sign below (students under 18 years of age requires parent/custodial signatures) ---

Participant's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

If participant is under 18 a parent signature is required for participation:

Custodial Parent Signature: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_