

Health Form Information

Statement of Activities and Release

In the ACTS Work Project, volunteers will participate in (but will not be limited to) yard work, porch and steps repair, roof painting and repair, winterization projects, painting, cleaning, insulation, window repair/replacement, and other minor home repairs as need determines and are within the capability of the volunteer service team. These activities include (but will not be limited to) use of hand tools and the handling of materials and supplies. Power tools will be used only under the direct supervision and then only if the individual has proven the necessary skills to handle the power tool appropriately.

Volunteers are never forced or required to engage in any work or activity in which they feel they are not able to participate in safely.

Covenant of Understanding

We acknowledge that every effort has been made in preparing the volunteers for this mission experience. We therefore, release ACTS Blue Grass United Methodist Church, Evansville District United Methodist Church, their agents, employees, and any and all persons connected therewith from any and all liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of the ACTS Work Project.

Further, consent/permission is given for (volunteer)
_____ to be treated by competent medical personnel in the event of an accident or medical emergency and to receive reasonable medical treatment as deemed necessary by a licensed physician.

Reference Source: Mountain T.O.P.

In the event treatment is called for which a physician and/or other professional health care provider in the hospital/clinic refuse to administer without consent, we hereby authorize:

Youth Group Leader (Adult): _____
(Print Full Name)

and

ACTS Camp Director: Diana McCutchan & Julie Ohmberger

To give such consent for us in the event that we are not readily accessible by phone. If in the event it becomes necessary for either of the identified persons to give consent for us, we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving such consent.

We understand that the participant is responsible for providing his/her own insurance. Proof is required before attending.

This is the _____ day of _____, 2008.

Signature of Participant

Signatures of Parents or Guardians of Minor (relationship)

THIS FORM MUST BE NOTARIZED

Subscribed and sworn to before me this ____ day of _____, 2008.

Signature (Notary Public)

My Commission Expires: _____.

THE MEDICAL INFORMATION FORM (pg. 3) must be completed in detail.

ALL THREE PAGES must be kept in the vehicle in which you are traveling at all times.

Medical Information Form

Name _____ Birthday _____
(Last) (First) (MI)

Address _____ Phone _____

Occupation _____ Social Security # _____

Church Name _____ Phone _____

Church Address _____

In Case of an Emergency Contact:

Name _____ Daytime Phone _____
Relationship _____ Evening Phone _____
Cell Phone _____

Name _____ Daytime Phone _____
Relationship _____ Evening Phone _____
Cell Phone _____

Over the counter medications allowed to be taken: Please circle appropriate ones:

Acetaminophen (Tylenol) Ibuprofen (Advil) Benadryl

List any other medications that can be taken: _____

List any medication(s) that cannot be taken _____

Allergies/Special Health Problems or Concerns _____

Personal Physician _____ Phone _____

Insurance Company _____ Phone _____

Address _____

Policy # _____ Insured Id # _____

Last physical exam: _____

Have you had a current tetanus shot? If yes, indicate date _____

If no, we encourage you to get one prior to coming to camp.