

**DUE TO HPPA REGULATIONS, THIS FORM MUST BE COMPLETED SEPARATELY
FROM ANY REGISTRATION FORM AND BROUGHT TO EVENT.
DO NOT MAIL THIS FORM WITH ANY REGISTRATION.**

Health Form

Authorization for Emergency Medical Treatment Form

Name _____ DOB _____

Physician's Name _____ Phone # _____

Health Insurance Company _____ Policy # _____

Allergies to medications _____

Current medications _____

In the event of emergency, contact:

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

In the event emergency medical aid/treatment is required due to illness or injury during my stay at a UMW event, I authorize the NAC UMW to:

1. Secure and retain medical treatment and transportation if needed.
2. Release my health information to the authorized individual or agency involved in the medical emergency treatment.
3. I hold harmless the North Alabama Conference United Methodist Women, the North Alabama Conference, the United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

Date _____ Consent Signature _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached. I hold harmless the North Alabama Conference United Methodist Women, the North Alabama Conference, the United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

Date _____ Consent Signature _____

Non-Consent Plan

I DO NOT give my consent for emergency medical treatment/aid in the cases of illness or injury. In the event emergency treatment/aid is required, I wish the following procedures to take place:

I hold harmless the North Alabama Conference United Methodist Women, the North Alabama Conference, the United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

Date _____ Consent Signature _____

Date _____ Witness Signature _____