

**HEALTH FORM
WAIVER IN LIEU OF HEALTH EXAMINATION
UNITED METHODIST CONFERENCE
NEBRASKA ANNUAL CONFERENCE**

CONFERENCE DATE _____
DIRECTOR'S NAME _____

I HEREBY GIVE PERMISSION FOR _____

ADDRESS _____ (LAST NAME) _____ (FIRST NAME) _____ PHONE (_____) _____ to participate in the United Methodist enterprise for which he/she is enrolled, and do not hold the enterprise or the Nebraska Annual Conference responsible for sickness, injury or death resulting from any physical unfitness of the registrant to participate in the enterprise activities. In case of medical emergency, I understand that every effort will be made to contact the registrant's parent/guardian. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

PARENTS NAMES (PLEASE PRINT) _____ SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

ADDRESS AND DAYTIME PHONE OF PARENT/GUARDIAN IF DIFFERENT FROM ABOVE _____ (_____) _____

REGISTRANT'S AGE _____ BIRTH DATE _____ HEIGHT _____ WEIGHT _____ GENDER _____

REGISTRANT'S DOCTOR _____ (_____) _____
NAME ADDRESS PHONE

1. Is there a history of chronic infection of nose, throat, ears, sinus or lungs? _____
If so, what? _____
2. Is there a history of heart pathology requiring restricted activity? _____
If so, what? _____
3. Is this person subject to any skin disease? _____
List conditions: _____
4. List allergies to drugs, medications, or food: _____

5. Has there been recent illness, or exposure to contagious disease? _____
If so, what? _____
6. Is this person subject to fainting? _____ Convulsive seizures? _____ Is he/she diabetic? _____
Nose bleed? _____ Cramps? _____ Asthma? _____ What medication is prescribed for the preceding conditions?

7. Are there any limitations of activity? Yes _____ No _____
If so, what? _____
8. Is there any drug or medication to be taken regularly? _____
9. Date of last tetanus shot. _____
10. Any other recommendations? _____

DATE

SIGNATURE OF PARENT/GUARDIAN

PLEASE NOTE: When your child checks in at conference, we will need to know the name of the person who will be picking him/her up. If this changes while he/she is at conference please call the CAC director.

ALL INFORMATION MUST BE PROVIDED! THIS COMPLETED FORM IS REQUIRED FOR ATTENDANCE. IT MUST BE SENT TO THE DIRECTOR PRIOR TO THE EVENT.

3/2009