



LA Conference of the UMC Disaster Response, Inc.

141 North Sixth Street, Baton Rouge, LA. 70802 225-346-5193 fax 225-346-6974 www.laumcstormrelief.com

Medical Release Form For Minors

Participant Information (Participant must be 14 years old)

Date/Destination of Trip: New Orleans _____

Team Leader: Rick Seiter

Minor's Name _____ Date of Birth _____

Emergency Contact Name & Phone _____

Insurance Carrier _____ Policy Number _____

Allergies and Medications _____

Permission to give Tylenol (Yes/No) _____ Other medication (Be specific) _____

Describe Medical Conditions/Limitations _____

<p>I have accidental insurance coverage: Yes _____ No _____</p> <p>I elect to buy GBGM accidental insurance coverage: Yes _____ No _____</p>
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Signature of Minor _____	Date _____	Name of Guardian on Trip <u>Richard A. Seiter</u>
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PARENT OR GUARDIAN AUTHORIZATION

I, _____, authorize _____ Richard A. Seiter _____
(Parent or Guardian) (Guardian on Trip)

to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above.

(Signature of Parent or Guardian) Date

NOTARIZATION OF PARENT OR GUARDIAN AUTHORIZATION

On this _____ (day) of _____ (year), Before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the free act and deed thereof.

Notary of Public

State of _____ County of _____

My commission expires _____