UMCOR
United Methodist Committee On Relief
CENTRAL TEXAS CONFERENCE
EARLY RESPONSE TEAM

Central Texas Conference of the UMC
3200 E. Rosedale St. Ft. Worth TX 76105
817.877.5222/817.338.4541 (fax)
www.ctcumc.org

Medical Release Form

I _____ authorize _____
(ERT Participant) (another adult on trip)

If I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the disaster identified below.

Disaster: _____ Dates: _____

Home Physician: _____ Phone: _____

Medical Insurance Provider _____ Phone: _____

Policy Number: _____ Group Number: _____

Allergies: _____

Medications: _____

Blood Type: _____ Do you have? Diabetes (yes/no): _____ Seizures (yes/no): _____

Physical Limitation: _____

_____

Other Medical Information: _____

_____

Person to contact in the event of an Emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Participant's Signature: _____ Date: _____