

# ALABAMA-WEST FLORIDA CONFERENCE UNITED WOMEN IN FAITH HEALTH FORM

For the Calendar Year **2023**

## Authorization for Emergency Medical Treatment Form

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Name

DOB

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Home Phone

Work #

Cell #

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Physician's Name

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Phone #

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Health Insurance Company

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Policy #

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Group #

**Masks are requested to be worn at all times, except eating. If you are feeling ill prior to your arrival, especially if you have fever, please do not attend the event. A registered nurse (RN) will be on site in case of emergencies.**

Allergies to medications:

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Other Allergies (food,  
animals)

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Conditions that treating personnel might need to be aware of:

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

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Name

Relation

Phone #

Alt. Phone #

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Name

Relation

Phone #

Alt. Phone #

### **PLEASE CHECK ONE OF THE BELOW PLANS**

#### **Consent Plan**

**In the event emergency medical aid/treatment is required due to illness or injury during my stay at a UWIF event, I authorize ALWF UWIF 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 AL-WFL Conference United Women In Faith, the ALWF 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.

#### **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 AL-WFL Conference United Women In Faith, the ALWF 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.

Your Consent Signature

Date

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Witness Signature

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Date