

YOUTH MEDICAL RELEASE

All information is confidential.

Today's date: _____

Personal and Medical Information

Name: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Social Security #: _____

Mother's Name: _____ Cell #: _____ Work #: _____

Father's Name: _____ Cell #: _____ Work #: _____

Mother's Social Security #: _____ Father's Social Security #: _____

Physician's Name: _____ Physician's Phone #: _____

Date of last Tetanus Shot: _____ Current medications: _____

List known health conditions (diabetes, epilepsy, heart murmur, etc.) and allergies (food, meds, insects, etc.): _____

Alternate contact in case of an emergency: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Insurance Information

Group or Family Hospitalization Insurance Company: _____

Insurance Company's Address: _____ Insurance Phone #: _____

Group #: _____ Policy #: _____

Waiver of Responsibility

I, _____, legal parent or guardian of _____ give my permission to him / her to go on all camps, trips, retreats, and to participate in all activities sponsored by the First United Methodist Church of Gainesville, Texas, and grant permission to the church the use of any pictures taken during FUMC events for use by FUMC in publications or on the website. I hereby release, absolve, indemnify and hold harmless the First United Methodist Church of Gainesville, Texas, its staff and volunteer counselors of any liability in the event of accident or injury. Should medical help be needed, I agree to pay either directly or through my personal health and accidental insurance policy all medical costs.

Signed: _____ Date: _____

Power of Attorney

I, _____, of the County of _____, State of Texas, natural parent (or legal guardian) of _____, my minor child, do by these present make, constitute, and appoint

_____ as his / her agent, as my true and lawful attorney in-fact for the limited purpose of consenting to emergency medical treatment for the above named minor child shall not terminate on my physical or mental disability subsequent to the date of execution hereof.

In witness whereof I have hereunto set my hands this _____ day of _____, 20_____.

Notarization

Before me, the undersigned authority, on this day personally appeared known to me to be the person whose name is subscribed to the above and foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20_____.

Signed _____, Notary Public, State of Texas.

My Commission Expires: _____