

North Texas Conference of The United Methodist Church  
First United Methodist Church of Rockwall

2009

MEDICAL FORM

**PERSONAL AND MEDICAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Youth's Social Security # \_\_\_\_\_  
Father's Social Security# \_\_\_\_\_  
Mother's Social Security# \_\_\_\_\_  
Names of Parents (or Legal Guardians) \_\_\_\_\_  
Names of Physician \_\_\_\_\_ Phone Number of Physician \_\_\_\_\_  
Date of last tetanus shot \_\_\_\_\_ List any Allergies \_\_\_\_\_  
List of medications \_\_\_\_\_  
Medical History (diabetes, epilepsy, heart murmur, etc) \_\_\_\_\_  
\_\_\_\_\_  
Group of Family Hospitalization Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_  
Agent's Name & Phone Number \_\_\_\_\_  
Group Number \_\_\_\_\_  
Policy Number \_\_\_\_\_  
In case of emergency call \_\_\_\_\_ Day Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_

Name \_\_\_\_\_

**WAIVER OF RESPONSIBILITY**

I, \_\_\_\_\_, legal parent/guardian, give my permission for \_\_\_\_\_ to participate in all activities. I hereby release the First United Methodist Church of Rockwall, its staff, and volunteer counselors of any liability in the event of accident or injury.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**POWER OF ATTORNEY**

I, natural parent or legal guardian of \_\_\_\_\_, do by these presents make, constitute and appoint FUMC Representatives as his/her agent as my true and lawful attorney in fact to act for me and in my names, place, and stead; and to do any every and all acts exercise any, every and all powers that I might or could do in giving consent to emergency medical treatment for my minor child that he shall deem proper or advisable to do or exercise on my behalf.

This Power of Attorney and appointment of FUMC Representatives as my 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 subsequently to the date of execution hereof.

IN WITNESS WHEREOF I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed \_\_\_\_\_

**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 acknowledge to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

Each young person on a church trip will need a means of paying for emergency medical treatment. Hospitals will file on the insurance and use the power of attorney to authorize treatment, but most will require payment in advance. If you would like credit card information to be available for the representative from your church in the case of an emergency, please fill in the below information.

Credit Card \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_