

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

2010

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 _____