

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

2019

Name _____

MEDICAL FORM & RELEASE

PERSONAL AND MEDICAL INFORMATION

Name _____ Date of Birth ____/____/____

Address _____

City _____ Zip Code _____

Business Phone _____ Home Phone _____

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) _____

(please use additional pages if needed for medical history & medications)

Group or Family Hospitalization Insurance Company _____

Address _____

Agent's Name & Phone Number _____

Group Number _____

Policy Number _____

In case of emergency call _____ Relation _____

Day Phone _____ Evening Phone _____

Cell Phone _____

WAIVER OF RESPONSIBILITY

I, _____, give my permission for _____ to participate in all First
[adult participate or legal parent/guardian] [adult or youth participant's name]
United Methodist Church of Rockwall activities and to receive first aid and medical treatment, as needed during activities.
I hereby release the First United Methodist Church of Rockwall, its staff, volunteers, and counselors of any liability in the
event of accident or injury.

Signed _____

Date _____

PHOTO/FILM PERMISSION

I authorize use of photos and film of myself and my children taken at church activities to be used by the ministries of First
United Methodist Church of Rockwall.

Signed _____

Date _____