2018

Walnut Hill United Methodist Church

Emergency Medical & Release Information

(Please Print Neatly in Pen)

Name ____________
Phone (___) ____________

Personal Information

Participant's Name: ________________ **Date of Birth M/D/Y:** ____/____/____

Home Address: ________________ **Home Phone:** (____)____________

City/State/Zip: ________________ **Social Security #:** ____-____-____

Parent/Guardian: ________________ **Parent/Guardian:** ________________

Social Security #: ____-____-____ **Social Security #:** ____-____-____

Work #: (____)____________ **Work #:** (____)____________

Cell #: (____)____________ **Cell #:** (____)____________

Medical Information

Any current medical conditions or problems? ________________

____

Any allergies? ________________

____

Take any prescribed medication? ____________ **If so, describe:** ________________

____

Past medical history/injuries we should be aware of: ________________

Date of last Tetanus shot: ________________

Name of physician: ________________ **Phone #:** (____)____________

Insurance Information

Group or Family Hospitalization Insurance Company: ________________

Insurance Company's Address: ________________

Agent's Name: ________________ **Phone #:** (____)____________

Group #: ________________ **Policy #:** ________________

In Case Of EMERGENCY (If Parent Can't Be Reached) CALL: ________________

Daytime Phone #: (____)____________ **Evening Phone #:** (____)____________

PLEASE ATTACH A COPY OF HEALTH INSURANCE CARE TO THIS FORM

(continued on other side)

Waiver of Responsibility

I, ____, legal parent or guardian of ______________________________________, give my permission to him/her to go on all camps, trips, retreats, meetings, and to participate in all activities in 2018. I hereby release the church, its staff, and volunteer counselors of any liability in the event of accident or injury. This release includes any and all claims, demands and causes of action that might arise as a result of any breach of fiduciary duty or any negligence – including simple negligence, gross negligence and wanton negligence as well as a result of the furnishing of transportation to or from or as a part of the event or activity.

Signed: ____ Relation to Youth: ______________________________________

Date: ____

In Case of Other Emergency

I understand that should my son/daughter be responsible for actions necessitating a call to a parent or guardian, and/or return transportation to Dallas, I am financially responsible for such travel expenses.

Signed: ____ Relation to Youth: ______________________________________

Date: ____

Power of Attorney

I, ____, of the County Of ____________________, State of Texas, natural parent (or legal guardian) of ____, my minor child, do hereby appoint the adult in charge of the event as his/her agent as my true and lawful, attorney in fact to act for me and in my name, place and stead; and to do any, ever and all acts and 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/she shall deem proper or advisable to do or exercise on my behalf.

This Power of Attorney and appointment of the authorized adult sponsor 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 subsequent to the date of execution hereof.

IN WITNESS WHEREOF I have hereunto set my hand this _______________ day of _______________ 20____________.

Signed: ____

IMPORTANT: SIGN IN THE PRESENCE OF A NOTARY PUBLIC

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 forgoing instrument and acknowledge to me that he/she executed the same for the purposes and considerations on therein expressed.

Given under my hand and seal of office this _______________ day of _______________ 20____________.
____, Notary Public, State of Texas

Credit Card Information

Each young person on a church trip will need a means of paying for emergency medical treatment. Most Hospitals will file on the insurance and use the power of attorney to authorize treatment, but some will require payment in advance. If you would like credit card information kept on file in the case of an emergency, please include this below:

Credit Card Company: _________________________ Credit Card Number: ____

Date of Expiration: _____/_____/_______ Name As Appears On Card: ____