

**MEDICAL RELEASE AND WAIVER OF RESPONSIBILITY**

**First United Methodist Church 1928 Ross Avenue Dallas, Texas  
(Revised Aug 2018)**

Student Name \_\_\_\_\_ Student Cell Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Date of Birth \_\_\_\_\_ Parents or Legal Guardians: \_\_\_\_\_

**MEDICAL INFORMATION**

Name of Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Plant Allergies: \_\_\_\_\_

Allergic to Medicines: \_\_\_\_\_

Medical History (diabetes, epilepsy, heart murmur, etc.) \_\_\_\_\_  
\_\_\_\_\_

Is the student able to swallow a pill on their own? \_\_\_\_\_

Anything else we might need to know: \_\_\_\_\_

**INSURANCE INFORMATION**

Group or Family Hospitalization Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Agent's Name & Phone Number \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

**In case of emergency, please call:**

Name \_\_\_\_\_

Day phone (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_

**RELEASE OF LIABILITY**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, give my permission to him/her to go on all camps, trips, and retreats, and to participate in all activities for the year beginning August 1 2018 and ending August 1, 2019. I hereby release First United Methodist Church of Dallas, its staff, and volunteer counselors of any liability in the event of accident or injury, including liability for negligence.

**IN WITNESS WHEREOF**, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signed \_\_\_\_\_

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

I, \_\_\_\_\_, of the county of \_\_\_\_\_, State of Texas, natural parent (or Legal Guardian) of \_\_\_\_\_ my minor child, do by these presents, make, constitute, and appoint THE YOUTH MINISTER OR ADULT VOLUNTEER 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, every 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 shall not terminate on my physical or mental disability subsequent to the date of execution thereof.

**IN WITNESS WHEREOF**, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signed \_\_\_\_\_

**STATE OF TEXAS                    §**  
**COUNTY OF DALLAS               §**

**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 \_\_\_\_\_, 2\_\_\_\_\_.

(seal) \_\_\_\_\_ Notary Public, State of Texas

Commission expires \_\_\_\_\_