

MEDICAL RELEASE AND WAIVER OF RESPONSIBILITY
First United Methodist Church 1928 Ross Avenue Dallas, Texas
(Revised AUG 2019)

Student Name _____ Student Cell Phone (_____) _____

Address _____
City State Zip

Date of Birth _____ Name of School _____

Parents or Legal Guardians: Name(s) & Phone Number(s)

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? _____

Is there any other medical or behavioral information you would like us 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: (Non parent)

Name & Phone Number

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 2019 and ending August 1, 2020. 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 _____