

NORTHWEST HILLS UNITED METHODIST CHURCH - YOUTH MINISTRY

For more information, call Jenny Roberts
577-9247 or email youth@nwhillsumc.org.

Medical Release

2009

(Please use a separate form for each participant every year. Print neatly in blue or black ink.)

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Personal Information

Participant's Name: _____ Date Of Birth M/D/Y _____ / _____ / _____

Youth Email _____ Home Phone: (_____) _____

Home Address: _____ City/State/ Zip: _____

Mom/Guardian Name: _____ Dad/Guardian Name: _____

Mom Work #: (_____) _____ Dad Work #: (_____) _____

Mom Cell #: (_____) _____ Dad Cell #: (_____) _____

Mom Email _____ Dad Email _____

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

Cell #: _____ Home #: _____ Work #: _____

Medical Information

Year of last Tetanus shot: _____ (Please call the doctor to get this information!)

Name of physician: _____ Phone #: _____

Any current medical conditions/ problems (asthma, diabetes, seizures...)? _____

Medical history/ injuries we should be aware of (include dates): _____

Allergies to Medications: _____

Allergies to foods, insects, etc.: _____

Bringing any medications to youth events? _____ (Always bring rescue medication, such as inhalers, insulin, or epipens!)

If so, describe: _____

(Youth must either turn over medications to an adult or tell one adult each time they take something – depending on the trip.)

Insurance Information

Group or Family Hospitalization Insurance Company: _____

Insurance Company's Address: _____

Coverage is in the name of _____ Insurance ID or SSN: _____

Group #: _____ Policy #: _____

Agent's Name: _____ Phone #: _____

< Attach a copy of participant's Insurance Card (front & back) to this form. >

(continued on other side) →

Waiver of Responsibility

I, _____, legal parent or guardian of _____, give my permission for him/her to fully participate in youth ministry events with Northwest Hills United Methodist Church (including but not limited to camps, trips, & retreats). I give permission for my youth to ride with other parents, adult volunteers, or staff in church vans or personal vehicles. I understand that while my youth may have their driver's license and may drive themselves to and from the church, they will not be allowed to drive during youth ministry functions. I hereby release the church, its staff, and volunteer counselors of any liability in the event of accident or injury. I give permission for photos of my youth to be used in publicity materials including but not limited to the church website, bulletin boards, brochures, and slide shows. Should my youth behave in ways inappropriate for youth ministry functions (including but not limited to violence and possession of tobacco, alcohol, illegal drugs, fireworks, or weapons), I understand that I will be expected to come and take them home or to pay for any travel expenses necessary for them to return home from a trip.

Guardian Signature: _____ Date: _____

Youth Signature: _____ Date: _____

Power of Attorney (Optional for Adult Participants)

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 consideration on therein expressed.

Given under my hand and seal of office this _____ day of _____ 20 _____.

_____, Notary Public, State of Texas

Credit Card Information (optional)

Should a youth need emergency medical care, 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: _____

Remember to attach a copy of latest Insurance Card (front & back)!