

HIGHLAND PARK UNITED METHODIST YOUTH MINISTRY
Emergency Medical Information

Personal Information

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

Home Address: _____ Home Phone: (____) _____

City/State/ Zip: _____ Social Security #: _____ - _____ - _____

Parent/Guardian Name(s): _____

Mom's Social Security #: _____ - _____ - _____ Mom's Work #: (____) _____

Dad's Social Security #: _____ - _____ - _____ Dad's Work #: (____) _____

Medical Information

Any current medical conditions or problems? _____

Any allergies? _____

Taking 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**: _____

Day Phone Number: _____ Night Phone #: _____

Waiver of Responsibility

I, _____, legal parent or guardian of _____, give my permission to him/her to go on all camps, trips, & retreats, and to participate in all activities. I hereby release the church, its staff, and volunteer counselors of any liability in the event of accident or injury.

Signed: _____

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 consideration 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: _____