

YOUTH MEDICAL RELEASE FORM
First United Methodist Church
Grapevine, Texas 76051

YOUTH PERSONAL AND MEDICAL INFORMATION

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ Zip: _____

Youth's E-Mail Address: _____

Phone: _____

Date of Last Tetanus Shot: _____

Known Allergies: _____

Medical History: _____

(Please make note of Diabetes, Epilepsy, Heart Murmur, other conditions or medication your youth is now taking.)

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Home Phone: _____

Father's Name: _____ Home Phone: _____

M/Wk Phone: _____ F/Wk Phone: _____

M/Cell Phone: _____ F/Cell Phone: _____

Alternate Contact for Emergencies: Phone #: _____

Name: _____ Relationship: _____

INSURANCE INFORMATION

(Please include a copy of the insurance card – front & back sides.)

Insurance Company: _____

Company Address: _____

Phone #: _____ Agent Name: _____

Group Number: _____ Policy Number: _____

This side must be signed and notarized.

STATE OF TEXAS

COUNTY OF _____

Power of Attorney

BEFORE ME, the undersigned authority, personally came and appeared _____, a citizen and resident of _____ County, Texas, who, after first being duly sworn, did declare and state:

That he/she is the natural parent or legal guardian of _____, and appearer does by these presents make, constitute and appoint First United Methodist Church of Grapevine, Texas as their true and lawful agent and attorney in fact to act for appearer and in their name, place, and stead to do any, every and all acts and exercise any, every and all powers that appearer might or could do in giving consent to emergency medical treatment for the minor child named above that the agent shall deem proper and advisable to do or exercise on appearer's behalf.

That this Power of Attorney and appointment of First United Methodist Church, Grapevine, Texas 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 physical or mental disability of appearer subsequent to the date of exercises hereof.

Signature of Parent or Legal Guardian
(Must be signed in the presence of the Notary Public)

SWORN TO AND SUBSCRIBED on this the _____ day of _____, 20_____.

Notary Public

Waiver of Responsibility

I, _____ legal parent or guardian of _____, Give permission to him/her to go on Church Activities, and to participate in all activities. I hereby release First United Methodist Church, Grapevine, Texas, its staff and volunteer sponsors of any liability in the event of accident or injury.

Signed: _____ Date: _____