

# Spring Valley United Methodist Church

## Youth Medical Form

Personal and Medical information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Youth's Social Security # \_\_\_\_\_

Mother's Work Phone# \_\_\_\_\_ Father's Work Phone # \_\_\_\_\_

Mother's Social Security # \_\_\_\_\_ Father's Social Security # \_\_\_\_\_

Physician's Name & Phone \_\_\_\_\_

Allergies: (food-meds-insects, etc) \_\_\_\_\_

Current Medications taking: \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Insurance Information

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

Insurance Company Address & Phone \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

### Credit Card Information

Each young person on a church trip will need a means of paying for emergency medical treatment. Hospitals will file on the insurance and use the power of attorney to authorize treatment, but most will require payments 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 # \_\_\_\_\_ Expiration \_\_\_\_\_

Name of Card Holder \_\_\_\_\_ Signature \_\_\_\_\_

### Waiver of Responsibility

I, \_\_\_\_\_, legal parent or guardian of \_\_\_\_\_

give my permission to him/her to go on all camps, trips and 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 by these present make, constitute, and 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, 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 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 hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

### 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 acknowledge 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 \_\_\_\_\_, 20\_\_\_\_.

Signed, \_\_\_\_\_, Notary Public, State of Texas