

First United Methodist Church Youth Ministry

Emergency Medical Information

Today's Date: ____ / ____ / ____

Personal Information

Participant's Name: _____

Date of Birth M/D/Y: ____ / ____ / ____

Home Address: _____

Home Phone: (____) ____ - ____

City/State/Zip: _____

Parent/Guardian Name(s): _____

Mom's Work #: (____) ____ - ____

Dad's Work #: (____) ____ - ____

Parent(s) Email Address: _____

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: _____

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**: _____

First Phone #: (____) ____ - ____ Alt. Phone #: (____) ____ - ____

Medical Release

I hereby give permission for (name) _____
To be treated by authorized, licensed, medical personnel because of an accident or
medical emergency while involved in the activities of First United Methodist Church,
Irving, Texas.

Signed _____

Relation to Youth _____

Date _____

Waiver of Responsibility

We (I), _____ (and) _____
parent(s) of _____, a minor, jointly and severally as
parent(s) and guardians(s) of a minor child, release and discharge the First United
Methodist Church, it's agents, employees and any and all persons concerned
therewith from any and all liability, claims, and causes of action of any type
whatsoever arising out of or in any way connected with said child's participation in the
activities of the First United Methodist Church of Irving, Texas.

Signed _____
Relation to Youth _____
Date _____

In Case of Other Emergency

I understand that should my son/daughter be responsible for actions necessitating a
return transportation to Dallas/Irving that I am financially responsible for such
travel expenses.

Signed _____
Relation to Youth _____
Date _____

Youth Agreement

I understand that as a participant in activities of First United Methodist Church of
Irving, Texas that I am responsible for my own actions and behavior. I am aware of
the actions that may be taken (as described above) if the need arises. Therefore, I
will respect the property and rights of others while involved in activities with
FUMC Irving, Texas.

I understand the above conditions and do agree to abide by them as well as
retreat/trip rules and regulations.

Youth Signature _____
Date _____