

**First United Methodist Church Youth Ministry**  
Emergency Medical Information

**Personal Information**

Participant's Name: \_\_\_\_\_ Date of Birth M/D/Y: \_\_\_\_/\_\_\_\_/19\_\_\_\_  
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 #: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Night Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Medical Release**

I hereby give permission for (name) \_\_\_\_\_  
To be treated by authorized, licensed, medical personnel as a result of an accident  
or medical emergency while involved in the activities of First United Methodist  
Church, Irving, Texas for the calendar year of 2005.

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 Firs 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  
long distance telephone call, and/or return transportation to Dallas/Irving that I am  
financially responsible for such telephoning and/or 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. And 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 \_\_\_\_\_