

# First United Methodist Church Youth Ministry

## Emergency Medical Information

Information given will be in a file kept by the youth minister. These documents will be kept private unless needed for emergency purposes.

### Personal Information

Participant's Name: \_\_\_\_\_ Date of Birth M/D/Y \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Work #(\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Work#(\_\_\_\_) \_\_\_\_\_

### Medical Information

Any current medical conditions or problems? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Taking any prescribed medication? \_\_\_\_\_ If so, describe: \_\_\_\_\_

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 # \_\_\_\_\_

## 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 to 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 the 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: \_\_\_\_\_