

MEDICAL INFORMATION AND TREATMENT RELEASE FORM

**First United Methodist Church of Kaufman
208 S. Houston St., Kaufman, TX 75142, (972) 932-2838**

Personal and Medical Information

Name: _____

Home Address: _____

City & Zip Code: _____

Home Phone: _____ **Cell Phone:** _____

Date of Birth: _____

Mother's name: _____ **Home Phone:** _____ **Cell Phone:** _____

Father's name: _____ **Home Phone:** _____ **Cell Phone:** _____

Family Physician: _____ **Phone number:** _____

Preferred Hospital: _____

Youth's Medical History:

Chronic health conditions:

Last Tetanus immunization: _____ **Hepatitis A:** _____ **Hepatitis B:**

Allergies: _____

Current Medications youth will bring with them: _____

Prescription medications must be in a prescription bottle with Youth's name and prescribing information on the bottle.

Insurance Information: Please have copy of card attached to form.

Insurance Name: _____ **Policy Holder**

Name: _____

Insurance Company's

Address: _____

Group #: _____ **Policy ID #:** _____ **Phone #:** _____

In Case of Emergency Call: Name: _____ **Relationship:** _____

Daytime phone #: _____ **Evening Phone #:** _____

PLEASE COMPLETE REVERSE SIDE OF FORM. THANK YOU!

**First United Methodist Church of Kaufman
TRIP MEDICAL FORM AND WAIVER**

Name of Trip Participant: _____

Address: _____

Phone Number: _____ **Cell Phone:** _____

Circle one: Youth Adult

Contact person while on trip: (name, address, phone)

Alternate contact, name and phone number:

Current Medical Conditions: _____

Current Medications: _____

Allergies: _____

WAIVER OF RESPONSIBILITY

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

Event or Activity name:

Signed: _____

Printed name: _____

Relation to Youth:

METHOD OF PAYMENT

Each person on a church trip will need a means of paying for emergency medical treatment. Some hospitals will file on the insurance and use the power of attorney to authorize treatment, but most will require payment in advance. If you would like credit card information to be available for the adult in charge of the trip in case of an emergency, please include this below.

Credit Card Company: _____ **Card Number:** _____

Date of expiration: _____ **Signature:** _____

IF YOU DO NOT WISH TO GIVE OUT CREDIT CARD INFORMATION, YOU WILL NEED TO MAKE SURE THAT THE ADULT IN CHARGE OF THE TRIP HAS SOME WAY OF COVERING MEDICAL EXPENSES IN CASE OF ACCIDENT OR ILLNESS.