

2010

**MEDICAL AUTHORIZATION AND RELEASE FORM**

Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

List ALL health restrictions (i.e. allergies, medications):

\_\_\_\_\_

List ALL- medications to be taken and times to be taken (please send in original containers):

\_\_\_\_\_

\_\_\_\_\_

Physical limitations: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF MINOR AND RELEASE OF LIABILITY**



**CONSENT TO USE ANY PICTURES TAKEN DURING EVENTS FOR USE BY ST. ANDREW ON WEBSITE OR PRINTED PUBLICATIONS**

I, \_\_\_\_\_ hereby authorize adult workers with youth from St. Andrew United Methodist Church of Plano, agents for undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I also agree to pay for all charges associated with any medical treatment. I knowingly release, absolve, indemnify and hold harmless St. Andrew United Methodist Church and it's agents and employees from all claims that might result from any injury or death.

I have read and understand the above document. By signing this document I hereby release St. Andrew United Methodist Church of Plano from any and all liability for personal injury or damage to property.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared, \_\_\_\_\_ known to me to be the person whose name is subscribed above and acknowledged to me that s/he executed the same for the sworn purpose therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

STATE OF TEXAS \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

(Notary Public)