

2010

MEDICAL AUTHORIZATION AND RELEASE FORM

Name: _____ Cell Phone # _____
 Address: _____ City: _____ St: _____ Zip: _____
 Home Phone Number: _____ Sex: _____ Age: _____ Birth date: _____
 Father: _____ Phone: (day) _____ (night) _____ (cell) _____
 Mother: _____ Phone: (day) _____ (night) _____ (cell) _____
 Other 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

_____ has my/our permission to go on retreats, trips and other offsite events in conjunction with the Youth Ministry of St. Andrew UMC. Please seek any medical assistance needed while he/she is with this group. We _____, parent(s) or guardian(s) of _____ a minor, do 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 the care of my child. I knowingly release, absolve, indemnify and hold harmless St. Andrew United Methodist Church and its agents and employees from all claims that might result from any injury or death of any minor.

I/We have read and understand the above document. By signing this document we 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 Parent or Guardian _____
 Relationship to Minor _____

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: _____