

Spring Valley United Methodist Church
Participant Personal and Medical Information

Name _____ Date _____
Address _____
Home Phone _____
Parent Work Phone# _____
Parent Social Security # _____
Physician's Name & Phone _____
Allergies: (food-meds-insects, etc): _____

Current Medications **Dosage and Frequency** **Medical History**

Parents/guardians are responsible for informing the church of any changes in medical condition, medications and dosages.

Birth Date _____ Date of Last Tetanus Shot _____
Participant's Social Security # _____:
Emergency Contact _____ Phone _____ Relationship _____

Insurance Information

Group or Family Hospitalization Insurance Company _____
Insurance Company Address & Phone _____
Group # _____ Policy # _____

Waiver of Responsibility

I, _____, legal parent or guardian of _____ give my permission for him/her to go on all camps, trips and retreats, and to participate in all activities. I hereby release the church, its staff and volunteer counselors of any liability in the event of accident or injury.
Signed _____ **Date** _____

Power of Attorney

I, _____ of the County of, State of Texas, natural parent or legal guardian of my minor child, do, constitute, and 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, every, and all acts and exercise any, every, and all powers that I might or could do 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. **This power of attorney shall remain in effect until revoked by me in writing.**

In witness whereof I have hereunto set my hands this _____ day of _____, 20 __ .
Signed _____

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 foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20. ____.
Signed _____, Notary Public. State of Texas