

Tennessee Annual Conference of The United Methodist Church

Medical Release Form

Personal & Medical Information

Youth's Name, Address, Business Phone, Youth's SSN, Mother's SSN, Names of Parents or Legal Guardians, Name and Phone Number of Physician, Date of Last Tetanus Shot, Allergic To, Medical History (diabetes, epilepsy, heart murmur, etc.)

Insurance Information

Group or Family Hospitalization Insurance Company, Insurance Company's Address, Agent's Name and Phone Number, Group #, Policy #, In Case of Emergency Call (Name), Day Phone Number, Night Phone Number

Waiver of Responsibility

I, _____, as legal parent or guardian of _____, give my permission for him/her to accompany Andrew Price Memorial UMC for this event, and to participate in all activities. I hereby release Andrew Price Memorial UMC, its staff, and volunteer counselors of any liability in the event of accident or injury.

Signed _____ Date _____

Power of Attorney

Note: The adult from your church who accompanies your group needs to have your power of attorney to act on your behalf. I, _____ of the County of _____, State of Tennessee, natural parent or legal guardian of _____, my minor child, do by these presents make, constitute and appoint Ginger-Rose Krueck (or other acting ministry leader) 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 do in giving consent to emergency medical treatment for my minor child that he shall deem proper or advisable to do or exercise on my behalf. This Power of Attorney and appointment of above mentioned person(s) 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. I have hereunto set my hand this _____ day of _____, 2008. Signed _____

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 foregoing instrument and acknowledge 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 _____, 2008. _____ Notary Public, State of Tennessee

Method of Payment

Each young person on a church trip or event will need a means of paying for emergency medical treatment. Hospitals will file on the insurance and use the power of attorney to authorize treatment, but many will require payment in advance. If you would like credit card information to be available for the adult from your church in the case of an emergency, please include this below:

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

Credit Card Company _____ Credit Card Number _____ Date of Expiration _____