

**Holy Covenant United Methodist Church
YOUTH/CHILDRENS
PERSONAL AND MEDICAL INFORMATION**

NAME _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____

PHONE () _____ SOCIAL SECURITY# _____

GRADE IN OR JUST COMPLETED _____ DATE OF LAST TETNUS SHOT _____

ALLERGIES TO MEDICATIONS, INSECT BITES OR FOODS: _____

MEDICATIONS & CONDITIONS FOR WHICH MEDICATION IS TO BE ADMINISTERED (please send all medications in original containers: _____

IS THERE ANY MEDICATION YOUR CHILD USUALLY TAKES BUT MAY NOT BE TAKING DURING THIS EVENT? _____ IF SO, WHAT? _____ REASON: _____

OTHER MEDICAL CONDITIONS OR IMPORTANT INFORMATION: _____

FULL NAME OF PARENTS: (If divorced, who is managing conservator?) _____

MOTHER _____ FATHER _____

DATE OF BIRTH: MOTHER _____ FATHER _____

STEP-PARENT WITH WHOM CHILD ALSO LIVES: _____

PARENTS' HOME PHONE NUMBERS:

MOTHER: _____ FATHER: _____

STEP-PARENT: _____

PARENTS EMPLOYER, ADDRESS, PHONE AND OTHER PHONE NUMBERS:

MOTHER: _____ FATHER: _____

BUSINESS _____

ADDRESS _____

BUS PH _____

CELL PH _____

STEP-PARENT: _____

EMERGENCY NAMES AND NUMBERS IF PARENTS CANNOT BE REACHED:

1. _____ () _____

2. _____ () _____

PLEASE COMPLETE PARENTAL CONSENT FORM AND INSURANCE INFORMATION ON REVERSE SIDE.

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Holy Covenant United Methodist Church (hereafter "HCUMC"), which may involve travel in vans, buses or private vehicles. This authorization shall be effective continuously from the date hereof until canceled by written notice of HCUMC.

We (I) authorize HCUMC Youth Director, Children's Director and/or Adult Assistants, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I hereby release HCUMC, its staff, employees, drivers, sponsors and helpers from any liability for injury or damages suffered by the above child and agree to release, indemnify and waive any rights by subrogation I may have, and hold harmless HCUMC, its staff, employees, drivers, sponsors and helpers for injury or damages to my child I/We have read and understand the above document. By signing this document we hereby release HCUMC from any and all liability for personal injury or damage to property.

SIGNATURE _____

DATE _____

PHOTO/VIDEO RELEASE

I give my consent to Holy Covenant UMC that my child, _____, may be photographed and/or video taped during church affiliated activities. The photos, videos, and/or stories may be used in connection with any work of HCUMC and release HCUMC from any claims that may arise with regard thereto.

SIGNATURE _____

DATE _____

THIS AUTHORIZATION IS EFFECTIVE UNTIL WRITTEN NOTICE RECEIVED BY HCUMC.

STATE OF TEXAS §

COUNTY OF _____ §

SUBSCRIBED AND SWORN TO BEFORE ME, personally appeared _____ known to me to be the above named person and who executed this instrument, and whom acknowledges the same to be true, on this the _____ day of _____, 200__, to which witness my hand and seal of office.

Notary Public in and for the State of Texas

INSURANCE INFORMATION

INSURANCE COMPANY _____

FULL ADDRESS _____

PHONE NUMBER () _____ EMPLOYER _____

POLICY # _____ GROUP # _____

MEMBER NUMBER _____ ID NUMBER _____

INSURED'S NAME _____

INSURED'S SOCIAL SECURITY # _____

CREDIT CARD NAME/NUMBER/EXPIRATION _____

PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF EACH PARENT OR GUARDIAN TO UPDATE THIS INFORMATION AS THE NEED ARISES.

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