

**Buckingham United Methodist Church  
Medical Form (adult)**

**Personal & Medical Information**

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Address

City/State/Zip

Emergency contact person: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name & Phone # of Physician: \_\_\_\_\_

Last Tetanus shot: \_\_\_/\_\_\_/\_\_\_\_

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

Medical History (Diabetes, Epilepsy, Heart Murmur, etc.): \_\_\_\_\_

Current medications being taken: \_\_\_\_\_

**Insurance Information**

Insurance Company/Address: \_\_\_\_\_

Agent's Name & Phone #: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Power of Attorney**

(Note: The adults who accompany the group need to have your power of attorney to act on your behalf)

I, \_\_\_\_\_, of the county of \_\_\_\_\_, State of Texas, do by these presents make, constitute, and appoint the event leaders as my agents, 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 myself that they shall deem proper or advisable to do.

This Power of Attorney and appointment of the event leaders as my attorney-in-fact for the limited purpose of consenting to emergency medical treatment for me shall not terminate on my physical or mental disability subsequent to the date of execution hereof.

In witness whereof I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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 \_\_\_\_\_, 20\_\_\_\_.