

Buckingham United Methodist Church
Medical Form (adult)
Personal & Medical Information

Name: _____ Phone #: _____ DOB: __/__/____ SSN: _____

Address: _____ City: _____ 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 my self 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____.
