

**First United Methodist Church**  
**TRIP MEDICAL FORM AND WAIVER**  
Middle School Mission Trip- July 3-July 10, 2016

Name of Trip Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Circle one: Youth                  Adult

**Contact person while on trip:** (name, address, phone) \_\_\_\_\_

\_\_\_\_\_  
**Alternate contact,** name and phone number: \_\_\_\_\_

\_\_\_\_\_  
Current Medical conditions: \_\_\_\_\_

\_\_\_\_\_  
Current Medications: \_\_\_\_\_

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

**WAIVER OF RESPONSIBILITY**

I/We \_\_\_\_\_ [*parent(s) of \_\_\_\_\_, a minor, jointly and severally as parent(s) and/or guardian(s) of a minor child,*] release and discharge First United Methodist Church of Denton, Texas, its agents, employees and any and all persons concerned therewith from any liability, claims and causes of action of any type whatsoever arising out of or in any way connected with [my / said child's] participation in the activities of the First United Methodist Church of Denton, Texas.

Event or Activity name: **Middle School Mission Trip- July 3-July 10, 2016**

Signed: \_\_\_\_\_

In case of minor, signature of adult; Relation to Youth: \_\_\_\_\_

**METHOD OF PAYMENT**

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

Credit Card Company: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Signature: \_\_\_\_\_

**IF YOU DO NOT WISH TO GIVE OUT CREDIT CARD INFORMATION, PLEASE MAKE SURE THAT THE ADULT IN CHARGE OF THE TRIP HAS SOME WAY OF COVERING MEDICAL EXPENSES IN CASE OF ACCIDENT OR ILLNESS.**