

First United Methodist Church

TRIP MEDICAL FORM AND WAIVER

Christmas Mission Trip- December 27, 2015-January 2, 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: **Christmas Mission Trip- December 27, 2015-January 2, 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.