



Medical Consent and Waiver

Name: _____ Gender: Female Male

Address: _____

City: _____ State: _____ Zip: _____

Home phone number: _____

Date of birth: _____ Grade: _____ School: _____

Name(s) of parents/guardian/managing conservator _____

Persons to be contacted in case of emergency:

1. Name _____ Relation: _____

Address _____

City _____ State _____ Zip: _____

Primary phone _____ Secondary phone _____

2. Name _____ Relation: _____

Address _____

City _____ State _____ Zip: _____

Primary phone _____ Secondary phone _____

Doctor's name _____ Phone _____

Insurance company _____ Group/policy # _____

Medical information adult leaders should know (allergies, physical conditions, medications, etc.)

I, _____, the parent/guardian/managing conservator of _____, grant my permission for him/her to participate fully in any activities or trips sponsored by Creekwood United Methodist Church (261 Country Club Rd. Allen, TX 75002; 214-544-8050).

I understand that in the event of a medical emergency, every reasonable effort will be made to contact me. In the event that I cannot be reached, I hereby give my written permission and consent to employees and representatives, including paid or unpaid adult leaders, or Creekwood United Methodist Church to obtain necessary medical, dental, psychological, or surgical treatment for my child. In such an emergency, a copy of this consent will be given to the doctor, hospital, or other medical facility that administers such treatment.

I hereby waive any and all claims, rights, causes of action that I, individually and on behalf of the above child, have or may have in the future arising from any negligent act or omission by any employee or representative, including paid or unpaid adult leaders, of Creekwood United Methodist Church for any accident or injury occurring en route or during any activities or trips sponsored by Creekwood United Methodist Church.

Signature of parent/guardian/managing conservator _____ Date: _____

Note to parent/guardian/managing conservators: In order for us to maintain current information, please advise us immediately of any changes in the above information and execute a new Medical Consent and Waiver. Thank you.