

Daphne UMC Children's Medical Form

State of Alabama
County of Baldwin

BEFORE ME, the undersigned Notary Public, personally appeared _____ who, after being duly sworn says as follows:

Affiant is the parent/guardian of _____ ("child") and as such do hereby understand that Daphne United Methodist Church in Daphne, Alabama ("Church") does not provide accident insurance and affiant shall assume all financial obligations due to accident, injury, or illness of child. Affiant hereby grants permission for the child to receive any and all necessary medical treatment, as may be determined by an authorized medical doctor, in the event of an injury or illness as a result of this participation. Affiant does hereby designate the Church's staff and/or any other adult counselors in attendance as affiant's attorneys in fact for the purpose of arranging for and consenting to medical, therapeutic, and surgical procedures for the child, including administration of drugs from August 2010 to August 2011.

In consideration for the foregoing, affiant for himself and said child do hereby agree to indemnify and save harmless Church against any claim for damages, compensation or other action by reason of the exercise of (1) this power of attorney, including costs and attorney's fees or (2) the attendance by this child of this event.

Affiant states that the following is true and correct:

Name of Insurance Company: _____ Group #/Policy # _____

Policy mailing address: _____

Name & relationship of Subscriber _____

Doctor _____ Doctor's phone _____

Medical Information:

Youth's full name _____ Current on tetanus shots? _____

Natural allergies (bee stings, dust) _____ Allergies to medication _____

Any known medical problems of which we should be aware? _____

Any other information we might need? _____

_____ Notary Public	_____ Parent or Guardian
My Commission expires _____	Address _____
	Home phone _____
	Work phone _____
	Cell phone _____
	Beeper _____