FUMC DALLAS - 2026-2027 MEDICAL FORM
FOR ADULTS (Including students 18 years of age or older)

GENERAL INFORMATION FOR ADULTS

Name	
Mobile Phone No.	
Address	
Date of Birth	

EMERGENCY CONTACTS

Name			
Phone Nos.	(m)	(h)	(w)

Name			
Phone Nos.	(m)	(h)	(w)

MEDICAL INFORMATION

Physician's Name	
Physician's Phone No.	
Date of Last Tetanus	
Food Allergies	

Medication Allergies	
Medical History (diabetes, epilepsy, heart murmur, etc.)	
Other Medical or Behavioral Information You Would Like to Share	

MEDICAL INSURANCE INFORMATION

Insurer	
Group No.	
Policy No.	
Insurer Address	
Agent's Name	
Agent's Phone No.	

RELEASE AND COVENANT AGREEMENT

I hereby covenant and agree as follows:

1. I understand camps, trips, retreats, and other recreational activities may have inherent risks and dangers that no amount of care, caution, instruction, or expertise can eliminate.

2. In signing this document, I certify that I agree to participate in First United Methodist Church of Dallas (FUMC Dallas) camps, trips, retreats, and other recreational activities for the year beginning August 1, 2026 and ending August 1, 2027.

3. I understand that pictures and videos are taken during FUMC Dallas camps, trips, retreats, and other recreational activities and may be posted to the FUMC Dallas website. I give permission for the use of such pictures and videos of me for the promotion of FUMC Dallas.

4. I understand that if anyone on the FUMC Dallas staff deems my behavior inappropriate for any activity, I may be sent home. No refund will be issued. (Examples of inappropriate behavior include, but are not limited to, drugs, violence, alcohol, bullying, weapons, and/or posting of unsuitable photos on social media).

5. I will be held financially responsible for any damage to facilities that I cause.

6. I understand that the terms herein are contractual and not mere recitals.

7. I have signed this document as my own free act and in consideration of the agreement by FUMC Dallas to accept my participation in 2026-2027 camps, trips, retreats and/or other recreational activities.

8. **IT IS MY INTENTION BY EXECUTION OF THIS DOCUMENT TO COVENANT AND AGREE, AND I DO HEREBY COVENANT AND AGREE, NOT TO SUE FUMC DALLAS, ITS STAFF, THE NORTH TEXAS CONFERENCE OF THE UNITED METHODIST CHURCH, AND ALL OTHERS ACTING FOR OR ON BEHALF OF FUMC DALLAS (the FUMC DALLAS PARTIES), AND I HEREBY RELEASE THE FUMC DALLAS PARTIES FROM ANY AND ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY OR INJURIES TO PROPERTY, REAL OR PERSONAL, CAUSED BY, OR ARISING OUT, OF CAMPS, TRIPS, RETREATS, AND ANY OTHER RECREATIONAL ACTIVITIES SPONSORED BY FUMC DALLAS.**

EXECUTED on _____.

_____
Signature

APPOINTMENT OF MEDICAL POWER OF ATTORNEY

I,_____ (insert name), in the event I am mentally incapacitated as determined by a medical professional and my emergency contact listed on the previous page cannot be reached, do hereby make, constitute, and appoint the First United Methodist Church of Dallas Youth Director, Associate Youth Director, and Director of Variations Choir listed below as my true and lawful attorney 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 any medical treatment (including, but not limited to any diagnostic, testing, surgical, and/or treatment procedures conducted or supervised by a medical doctor's office, emergency room hospital or other health care facility) that he/she shall deem proper or advisable to do or exercise on my behalf.

Name	**Address**	**Phone No.**
Dorian Albert (Youth Director)	6358 Shady Brook Lane #1189 Dallas, TX 75206	(m) 940-594-3663
D'Andre Smith (Associate Youth Director)	13811 Brookgreen Drive Dallas, Tx 75240	(m) 940-999-8892
Tara Lea Nicole Dickerson (Director Variations Choir)	1816 Heather Glen Dallas, TX 75232	(m) 214-906-3713

This power of attorney and appointment of the Youth Director, Associate Youth Director, or Director of Variations Choir, as my attorney-in-fact for the limited purpose of consenting to medical treatment shall not terminate on my physical or mental disability subsequent to the date of execution hereof.

EXECUTED on _____.

_____
Signature

State of Texas
County of Dallas

This instrument was acknowledged before me on _____ by _____.

_____
NOTARY PUBLIC, State of Texas