

EMERGENCY/PERMISSION TO TRANSPORT FORM*



NAME

Name of Student
LAST NAME FIRST NAME MIDDLE NAME

Address
STREET CITY STATE ZIP CODE

Birthdate / / Age Male Female Grade School
MONTH DATE YEAR SUBDIVISION HOME PHONE EMAIL

Father/Legal Guardian's Name Email
FIRST NAME LAST NAME

Home Phone Cell Phone Pager

Address
STREET CITY STATE ZIP CODE

Employer Work Phone

Mother/Legal Guardian's Name Email
FIRST NAME LAST NAME

Home Phone Cell Phone Pager

Address
STREET CITY STATE ZIP CODE

Employer Work Phone

PERMISSION TO TRANSPORT / TREAT

I, the undersigned parent and/or guardian of a minor, hereby give my permission for my child to be transported to and from and participate in trips and outings with Mount Pisgah Student Life, a ministry of Mount Pisgah UMC. I do hereby release Mount Pisgah UMC from any liability and all adult sponsors or church staff in the event of any accident in route, during and returning from ministry sponsored events.

I also give my permission for our son/daughter to be examined, x-rayed, and treated by any licensed medical facility, office, hospital, or emergency facility, if in the judgment of the counselors/advisors, emergency care is required to insure the health and well being of my child, and I cannot be reached at the locations given.

Medications taken on regular basis? Yes No

If yes describe:

Special current/recurrent illness and/or allergies to foods, medications, bee stings, etc. Yes No

If yes describe:

Diagnosed behavior disorder? Yes No

If yes diagnosed by Describe

INSURANCE INFORMATION

Student's Physician Phone

Insurance Carrier Policy #

Name in which insurance is issued

Signature Date

DATE

**This form is valid for one year from the date of signature.*