

EMERGENCY/PERMISSION TO TRANSPORT FORM*



Name _____
Last Name First Name Middle Initial

Address _____
Street City State Zip Code

Phone _____ Email _____

Birthday ____/____/____ Age ____ Male Female Grade ____ School _____

Father/Legal Guardian's Name _____ Email _____

Home Phone _____ Cell Phone _____

Address _____

Employer _____ Work Phone _____

Mother/Legal Guardian's Name _____ Email _____

Home Phone _____ Cell Phone _____

Address _____

Employer _____ Work Phone _____

PERMISSION TO TRANSPORT / TREAT FORM

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 West Cobb Church's Pipeline Youth Ministry. I do hereby release West Cobb Church 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 my son/daughter to be examined, x-rayed, and treated by any licensed medical facility, office, hospital or emergency facility, if in the judgement 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 a regular basis: Yes No

If Yes, please describe _____

Current/Recurrent illnesses and or allergies to foods, medications or insects: Yes No

If Yes, please describe _____

Diagnosed behavior disorder: Yes No

If Yes, please describe _____

INSURANCE INFORMATION

Student's Physician _____ Phone _____

Insurance Provider _____ Name of Primary Policy Holder _____

Policy Group # _____ Policy Member ID# _____

Signature _____ Date _____

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