**CHURCH TRANSPORTATION CONSENT FORM**

Health History

|  |
| --- |
| Child Name |
| Relationship |
| Address |
| City State Zip |
| Home Phone |
| Date of Birth |
|  |

Please list any Special Medical Conditions

Last Tetanus Shot Medications to be taken (list with directions)

|  |
| --- |
| Parent / Guardian |
| Work Phone |
| Address |
| City, State, Zip |
|  |
| Home Phone |
|  |
| Doctor’s Name |
| Office Phone |
|  |
| Emergency Contact – if parent/guardian cannot be reached |
| Emergency |
| contact Home |
| Phone Address |
| City, State, Zip |
| Work Phone |
|  |
| Hospital Preference |
| Insurance Info – Attach copy of front and back of card |
| Insurance Company |
| Group Number |
| Group Name |
| Insured’s Social Security # |

Medication Allergies? List if any

May be given as necessary:

Aspirin Yes

Tylenol Yes

Ibuprofen Yes Any Specific Activities

No No No

Signature of parent/guardian Date

Encouraged Discouraged

I hereby give consent in advance to the designated Youth Leaders of Church and to the physicians or hospitals selected by them to render first aid treatment or deny treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens, and x -rays, giving blood transfusions, and medications, anesthesia, and surgery for my dependent listed above. I understand that the Youth Leaders of will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.

I release all Youth leaders and staff affiliated with from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences causing injury to any person or property.

# TRANSPORTATION RELEASE

Applies to students only

I give permission for my youth to be transported to and from church sponsored

activities in a church, rental, or private vehicle.

Initial

# DISCIPLINE RELEASE

Applies to students only

In the event of misconduct, I authorize the staff to send my student home at my expense.

Initial

# INSURANCE RELEASE

Applies to all traveling

I realize the church insurance begins where the individual health and accident policy terminates.

It is only valid when all other insurance has been extended to its limits.

# PERSONAL BELONGINGS RELEASE

Applies to all traveling

I realize that the church or its sponsors are not responsible for personal belongings.

Initial

# GENERAL RELEASE

Applies to all traveling

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, it’s officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

I, , being the legal guardian of give my permission for him/her to participate in church sponsored activities.

Date

Parent / Guardian’s Signature