

UNION UNITED METHODIST CHURCH

IRMO, SOUTH CAROLINA

PERMISSION FORM FOR EMERGENCY MEDICAL TREATMENT

Full Legal Name of Child: _____

Date of Birth: _____ **Sex:** M / F

Address: _____

City: _____ **State:** _____ **Zip:** _____

Father/Legal Guardian: _____

Home Phone: _____ **Cell Phone:** _____

Address: _____

Employer: _____ **Work Phone:** _____

Mother/Legal Guardian: _____

Home Phone: _____ **Cell Phone:** _____

Address: _____

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 Union United Methodist Church. I do hereby release Union UMC from any liability and all adult sponsors or church staff in the event of any accident enroute, 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: _____

Last tetanus: _____ Diagnosed behavior disorder: Yes _____ No _____

If yes describe: _____

INSURANCE INFORMATION

Student's Physician: _____ **Phone:** _____

Insurance Carrier: _____ **Policy #:** _____

Name in which Insurance is issued: _____

Address of Insurance Company: _____

Parent/Guardian Signature: _____ **Date:** _____