

FIRST PRESBYTERIAN CHURCH OF WHEATON

TRANSPORTATION

I/we the undersigned give the following minor child permission to be transported by whom/what *(complete this portion if applicable)*:

_____ as part of his/her participation in the
_____ program/activity, on (date) _____.

MEDICAL

As a parent and/or guardian, I hereby authorize and direct the treatment by a qualified and licensed medical doctor of the following minor child in the event of a medical or dental emergency which, in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me.

My child is subject to the following allergies or medical conditions, and I authorize the First Presbyterian Church to disclose such allergies or medical conditions to a licensed medical doctor in the event my child should require emergency medical or dental care (please describe and specify allergies or medical conditions):

Name of Minor _____ Relationship _____

Dates When Release is intended _____

This form is completed and signed of my own free will with the purpose of disclosing medical information and of authorizing transportation and medical treatment under emergency circumstances in my absence.

Signed _____ Date _____

(Parent/Legal Guardian)

Address _____ Phone _____

Family Physician _____ Phone _____

Insurance Company _____ Plan # _____

Additional contact in case of Emergency:

Name _____ Relationship _____ Phone _____