

# EMERGENCY/PERMISSION TO TRANSPORT FORM\*



Name of Participant .....  
LAST NAME FIRST NAME MIDDLE NAME

Address .....  
STREET CITY STATE ZIP CODE

Birthdate ..... / ..... / ..... Age .....  
MONTH DATE YEAR

.....  
SUBDIVISION HOME PHONE EMAIL

Male  Female Grade ..... School .....

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 The Well, 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

Participant's Physician ..... Phone .....

Insurance Carrier ..... Policy # .....

Name in which insurance is issued .....

Signature ..... Date .....

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

DATE