

Permission and Medical Form

Unity Presbyterian Church

2018.2019

Student Name: _____ Date of Birth: _____

Emergency Contact Name: _____ Emergency Phone: _____

Insurance Information:

Name of Insurance Company: _____

Card #: _____ Group #: _____

Name of Insured: _____

Please make a copy of Insurance Card to be taken on the trip.

Health/Medical Information:

Allergies:

Food:

Drugs/Medications:

Environmental:

Diseases/Medical Issues (ex. Diabetes, Asthma, Epilepsy) and current treatments:

Most recent tetanus shot (month/year):

Most recent physical (month/year):

Primary Care Physician: _____ Phone: _____

Medications:

Name of medication:

Reason for taking:

Dosage:

Time medication is taken:

Any special instructions:

(Please continue list on separate sheet if needed)

Any over-the-counter medications that the student should not be given:

Medical Release:

I _____, hereby authorize Unity Presbyterian Church staff and volunteers to proceed with medical treatment for my son/daughter, _____, in the event of a medical emergency and further acknowledge that I am solely responsible for all medical expenses should my child need treatment in the event of a medical emergency.

Signature of Parent/Guardian Date

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Transportation Permission:

I give permission for adult staff and volunteers to provide transportation for my son/daughter, _____, in their personal vehicles to and from this event and to and from activities within the event. I understand that all drivers will be adults over 25 years old, will submit to a background check, and will be approved as drivers at the discretion of the staff.

Signature of Parent/Guardian Date

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Participation Permission:

I give permission for my son/daughter, _____ to participate fully in the events and activities associated with this trip. I have listed any restrictions on his/her activities below and have spoken to the adult chaperones regarding these restrictions.

Signature of Parent/Guardian Date