

TRANSPORTATION AND MEDICAL FORMS

For insurance purposes, it is mandatory that we have the following form completed before your child can go on any of our activities or trips.

TRANSPORTATION

I hereby give permission for _____ to travel with Fairfax United Methodist Church. I understand that the church will provide supervision for the trip and that all passengers will be required to comply with the rules established by the church for such travel. I also understand that no insurance is provided by the church for this activity other than standard liability insurance coverage.

Signature _____ Date _____

MEDICAL

(I)(We) the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorized adult workers with children of Fairfax United Methodist Church as agent(s) for the undersigned, to consent to any examination, X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Signature _____ Date _____

My child's physician is _____ Phone _____

FULL name of child _____

Parent's Full Name (Name of Insured) _____

Full Address _____

Child's Birthday _____

Insured's Social Security Number _____

Medical Insurance Company _____ Policy # _____ Group # _____

Home Phone Number _____ Emergency Phone Number _____

School Child Attends _____ Grade _____

Please list any allergies, medication or medical history that is important in treating your child. List on reverse side if necessary.

(Signature of Parent or Guardian)