

Parental Medical Release, Transportation and Permission Form

(Please Print)

Name _____ Age _____ Grade _____
(child / teen name)

Address _____ Gender ___ M ___ F
(street) (City) (State) (Zip)

Parent / Guardian's Name _____
Work phone _____ Home phone _____

I agree to cooperate with the leadership in all planned activities: _____
(child or teen signature)

I give my permission for my child/teen to participate in the _____
(event name)

sponsored by the First Presbyterian Church of Ft. Thomas, and to ride church-approved transportation to and from the event.

(parent/guardian signature)

If not already on record, please fill out the following Family Medical Information

Doctor's Name: _____ Insurance Policy Number: _____

Medical Insurance Co. _____ Phone Number: _____

Please check if your child suffers from:

Allergies ___ Diabetes ___ Asthma ___ Heart problems ___

Please provide details as necessary: _____

List any routine or as-needed medications taken by your child and dosage instructions:

This information is correct and up-to-date to the best of my knowledge. The above named person has my permission to engage in all planned activities, unless noted otherwise. I also hereby give permission to the medical personnel selected by the Event Director or supervising adult to order X-rays, routine tests, and treatment for my child if I cannot be reached in an emergency. I also give permission to the emergency physician to hospitalize, to secure treatment, and to order injection/anesthesia/surgery of the above named person. This form may be photocopied for use off-site. This release is in effect during travel to and from as well as during the event.

Parent/Guardian's Signature _____ Date _____

Emergency Contact Name _____ Phone Number _____

Relationship to Child / Teen _____