

# 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 Wilmore Free Methodist Church, and to ride church-approved  
transportation to and from the event. \_\_\_\_\_  
(parent/guardian signature)

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## 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 \_\_\_\_\_