

**UNION UNITED METHODIST CHURCH
IRMO, SOUTH CAROLINA
PERMISSION TO TRANSPORT AND TREAT**

Full Legal Name of Child: _____ Sex: M / F

Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

Father/Legal Guardian: _____

Preferred Phone: _____ Alternate Phone: _____

Address: _____

E-mail: _____

Mother/Legal Guardian: _____

Preferred Phone: _____ Alternate Phone: _____

Address: _____

E-mail: _____

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 Union United Methodist Church. I do hereby release UUMC, all adult sponsors, and church staff from any liability in the event of any accident enroute, during, and/or returning from ministry sponsored events.

I also give my permission for my child to be examined, x-rayed, and treated by any licensed medical facility, office, hospital, or emergency facility, if in the judgment of the adult sponsors, emergency care is required to insure the health and well being of my child and I cannot be reached at the locations given.

Please list any over-the-counter medications that your child is not allowed to be given

Please list any medications taken on regular basis

Please list any special recurrent illnesses, behavior disorders, and/or allergies.

EpiPen? Y or N Knows how to use it? Y or N Date of Last Tetanus: _____

INSURANCE INFORMATION

Student's Physician: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Name in which Insurance is issued: _____

Address of Insurance Company: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____