



## 2012 Travel Permission Form

**All blanks must be completed neatly with first and last name(s) where applicable.**

I hereby give persons from *Westview Community Church* permission to transport my child(ren) listed herein:

\_\_\_\_\_

to and from our *Children's Ministry sponsored activities* throughout the year of 2012.

Our medical insurance carrier and policy number is: \_\_\_\_\_

In the event of an emergency, call or page me at ( \_\_\_\_\_ ) \_\_\_\_\_.

### **Authorization and Consent to treat minor:**

I, the parent or guardian of the above listed minors, authorize the directors/chaperones of *Westview Community Church*, as agents on my behalf to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above listed minor(s) that is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medicine Practice Act, at a hospital or elsewhere. The representative of Westview Community Church is authorized to make decisions concerning the health and general welfare of this/these minor(s). This authorization will remain effective while the above minor(s) is in the care of the representatives of the church.

Parent's signature \_\_\_\_\_ date \_\_\_\_\_

### **Pertinent Medical History**

**(Please specify which child if more than one is listed above. Use back of paper if necessary.)**

Allergies--Drug allergies:

Medical conditions a physician should be aware of (include any prescription medication taken):

Special Needs: