

**Travel Permission Form for \_\_\_\_\_**

Child's Name

**All blanks must be completed.**

I hereby grant persons from *Westview Community Church* permission to transport my son/daughter on church sponsored youth activities for the year 2011-12.

I have instructed my child to obey the teachers, leaders, and adult volunteers.

Our medical insurance carrier is: \_\_\_\_\_.

ID #: \_\_\_\_\_

It is recommended that your child carry a copy of the insurance information.

In the event of an emergency, call me at \_\_\_\_\_. In the event of an accident, I will not hold Westview Community Church liable.

**Authorization and Consent to treat minor:**

The below-signed parent authorizes the directors/teachers of Westview Community Church, as agents for the parent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor 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 minor. This authorization will remain effective while the above minor is in the care of the representatives of the church.

**Use back of paper, if necessary**

Allergies—Drug Allergies of child: \_\_\_\_\_

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

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_