

Keystone Church

STUDENT MEDICAL & TRANSPORTATION AUTHORIZATION FORM

EVENT/TRIP: _____ **DATE:** _____

PERSONAL INFORMATION:

STUDENT'S NAME: _____

STUDENT'S CELL PHONE: _____

DOB: ____/____/____ AGE: ____

EMERGENCY CONTACT INFORMATION:

FATHER'S/GUARDIAN'S NAME: _____

FATHER'S/GUARDIAN'S CELL PHONE: _____ HOME PHONE: _____

MOTHER'S/GUARDIAN'S NAME: _____

MOTHER'S/GUARDIAN'S CELL PHONE: _____ HOME PHONE: _____

INSURANCE COMPANY: _____ GROUP #: _____

POLICY #: _____ CARDHOLDER: _____

RELATIONSHIP TO CARDHOLDER: _____

INSURANCE COMPANY'S ADDRESS: _____

INSURANCE PHONE #: _____

PERSONAL MEDICAL INFORMATION:

PHYSICIAN'S NAME: _____ PHONE: _____

LIST ANY PHYSICAL LIMITATIONS (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain meds, rare blood type, wears contact lenses, etc.):

LIST ALL medications taken on a regular basis: _____

LIST ALL operations/serious injuries or illnesses and dates within the past 5 years:

EMERGENCY AUTHORIZATION

I hereby give permission to medical personnel selected by the participant's Church sponsor/designee or camp staff to order x-rays, routine tests and treatment for my child or myself. In the event of an emergency, and neither the primary contact nor the secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia, and/or surgery for my child, or myself, as named on the first page. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Keystone Church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, or for my own self, will be responsible for any medical expenses in the event of a sickness and/or injury to my child or myself. I understand that there are risks involved in participating in recreation activities and other activities related to participation in youth functions.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ **Date:** _____

Witness' printed name: _____

Witness' signature: _____ **Date:** _____

(Witness must be 18 years of age or older and may not be a relative.)

TRANSPORTATION AUTHORIZATION

I, _____, parent/guardian of _____, give permission for my child, or myself, to ride in a vehicle that an adult volunteer, staff member or representative of Keystone Church is driving, or an outside contracted 3rd party, such as a charter bus company, while transporting my child, or myself, to and from any Keystone Church sponsored events and trips. I release Keystone Church and Keystone's representatives from all responsibility upon my child traveling in their private vehicle or transportation for hire.

Date: _____