

**FAIRFAX UNITED METHODIST CHURCH YOUTH GROUP  
TRANSPORTATION AND MEDICAL FORM**

For insurance purposes, it is mandatory that we have the following form completed before your child can go on any of our activities or trips.

**TRANSPORTATION**

I hereby give permission for \_\_\_\_\_ to travel with Fairfax United Methodist Church for activities or trips from September 1, 2016 - August 31, 2017. I understand that the church will provide supervision for all trips and that all passengers will be required to comply with the rules established by the church for such travel. I also understand that no insurance is provided by the church for our activities or trips other than standard liability insurance coverage.

**MEDICAL**

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize adult workers with children of Fairfax United Methodist Church as agent(s) for the undersigned, to consent to any examination, X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

My child's personal physician is \_\_\_\_\_ Phone \_\_\_\_\_

Insurance      Company      \_\_\_\_\_      Policy      Number  
\_\_\_\_\_

FULL name of child \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Parent's Full Name (Name of Insured) \_\_\_\_\_

Full Address \_\_\_\_\_

Home      Phone      Number      \_\_\_\_\_      Cell      Phone  
\_\_\_\_\_

Emergency      Contact      \_\_\_\_\_      Emergency      Phone      Number  
\_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If yes, please list any required medication or treatments.

\_\_\_\_\_  
Please list any medical history that is important in treating your child. Use reverse side if necessary.

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_