



Mary Esther UMC STUDENTS

TRIP CONSENT FORM

My child, _____, may take part in field trips or excursions under appropriate supervision of a representative of Mary Esther United Methodist Church.

Parent/Guardian Information: _____

Address: _____

Home phone: _____ Work phone: _____ cell phone: _____

Emergency Contact: _____

Home phone: _____ cell phone: _____

MEDICAL HISTORY

Doctor: _____

Address: _____

Phone: _____

Date of Birth: _____

List of current medication and dosages: (If none, write none)

Allergies: (If none, write none)

Medical History: (If none, write none)

Date of last tetanus shot:



INSURANCE INFORMATION

Insurance Company: _____

Policy Number: _____

Employer: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND RELEASE OF LIABILITY

I, _____, hereby authorize a representative of the Mary Esther United Methodist Church to give consent for treatment for my child, _____, in the event of illness or injury. I further release the Mary Esther United Methodist Church, its employees, and volunteers from any liability in the event of any accident in route, during or, returning from any church events and/or trips. This authorization and release is effective for one (1) year from the date notarized.

Signature of Parent/Guardian Date

Notary Signature Commission Expires