

First United Methodist Church Springboro
Field Trip Permission Form



I grant permission for my child to participate in First United Methodist Church field trips taken from September 2017 through August 2018, including traveling to and from any approved church events. I will not hold the Leader/Chaperones or the First United Methodist Church of Springboro liable in case of accidental injury. In case of such event, insurance and medical information and emergency treatment permission is provided below and on the reverse.

Child/Youth Information:

Child/Youth: _____ Date of Birth: _____
First Last

Address: _____ City: _____ State: _____ Zip: _____

If child is not over 4 year and 40 lbs, the parent must provide car seat and installation instructions.

Parent name (please print): _____

Parent signature: _____ Date: _____

Emergency contact phone number: _____

Alternate Emergency Contact Person: _____
Name and relationship to your son/daughter

Alternate Home Phone: _____ Cell: _____

Insurance and Medical Information

Insurance Company and Policy Number: _____
A copy of the back and front of your current medical insurance card may be requested depending on the nature of the trip.

Family Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical History (past injuries/ surgery/ drug reactions): _____

Allergies: _____

Current Medication Being Taken: _____

Other Comments: _____

Emergency Treatment Permission

- IN THE EVENT of illness or accident which requires immediate medical treatment at a time when a parent cannot be reached at their listed telephone numbers, I hereby give my permission for the Leader/Chaperones to obtain and provide such emergency treatment as may be deemed necessary.
- I AGREE TO pay costs of any such care and treatment so obtained and provided and to indemnify First United Methodist Church of Springboro or the Leader for such costs.
- I WILL NOT HOLD the church nor the Leader/Chaperones responsible for the results of such emergency care.
- I UNDERSTAND that this permission is only to be used in extreme emergencies and that all possible efforts will be made to contact me before medical treatment is sought for my son/daughter.
- I HEREBY GIVE MY CONSENT for the Leader to disclose protected health information about my son/daughter to emergency personnel. I give my consent to the Leader to provide payment and insurance information to the healthcare operations.
- I FURTHER GIVE MY CONSENT for emergency personnel to disclose to the Leader protected health information about my son/daughter and to carry out treatment, payment, and healthcare operations.

Patient's Name

Signature of Legal Guardian

Date

For certain activities, a notary signature may be requested

State of Ohio, County of Warren

BEFORE THE UNDERSIGNED AUTHORITY, stated below, personally appeared _____
who has signed and agrees to the terms set forth in the above agreement.

Sworn and subscribed before me this _____ day of _____

My commission expires: _____

Signature of Notary