



# Westmeade Baptist Church Medical & Transportation Consent Form

Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Address: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Parent's Work Location: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Other: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

## Medical History

Medications taken currently: \_\_\_\_\_

Medications you are allergic to: \_\_\_\_\_

Others—Foods: \_\_\_\_\_ Insect: \_\_\_\_\_ Poison Ivy/Oak: \_\_\_\_\_

Are you under a doctor's care for any present illnesses: (If yes, explain) \_\_\_\_\_

Previous operations or serious illnesses: \_\_\_\_\_

Childhood Diseases: Chicken Pox \_\_\_\_ Measles \_\_\_\_ Mumps \_\_\_\_

## Permission for Transportation/Treatment and Indemnity Clause

The undersigned parent or guardian of \_\_\_\_\_, a minor, hereby gives temporary custody of said minor to the pastor, youth minister, children's minister, or other activity leaders and convey full authority to any of them to transport and to make legal or other decisions, medically or otherwise, concerning said minor in my absence while participating in a church trip, activity, or function on or away from the church premises.

The undersigned agrees to indemnify and hold harmless from all claims, demands, costs, attorney's fees, damages, fees and causes of action arising or which might arise from the exercise of the above authority against the pastor, youth minister, children's minister, or activity leaders of Westmeade Baptist Church of Decatur, AL.

**I verify that the above information is correct.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

County of Morgan, State of Alabama

\_\_\_\_\_  
Date \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_