

**First Christian Church (FCC)  
Annual Transportation and Medical Release Form 2018-2019**

Child's Full Name: \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian name(s) \_\_\_\_\_

Phone 1: \_\_\_\_\_ Ph. 2: \_\_\_\_\_ Ph. 3: \_\_\_\_\_

1. Does child have any known allergies (including allergies to medicine) \_\_\_ Yes \_\_\_ No

If yes, what? \_\_\_\_\_

2. Does child have any physical disabilities or take medicine regularly? \_\_\_ Yes \_\_\_ No

If yes, what? \_\_\_\_\_

3. Does youth have permission to swim under adult supervision with the understanding that swimming conditions are variable (lakes, swimming pools, etc...) \_\_\_ Yes \_\_\_ No

**In case of emergency:** (Please check one of the following):

\_\_\_ Call before treatment is given \_\_\_ Give first aid, then call

Hospital Preference: \_\_\_\_\_ Date of last Tetanus Booster: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Ph. 2: \_\_\_\_\_ Ph. 3: \_\_\_\_\_

Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Ph. 2: \_\_\_\_\_ Ph. 3: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

Check here if you do not have insurance and accept full financial responsibility incurred for medical treatment.

I, as parent/guardian of **(child)** \_\_\_\_\_, release the First Christian Church, its agents and employees from any claims or causes arising from or connected with transportation to and from, and attendance at FCC functions for the year, beginning **May 27, 2018 and ending August 1, 2019**

Further, by signing below:

1. I will not hold FCC, its officers, agents, employees, assignees or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel.
2. I accept full responsibility and hereby grant permission for my minor child to travel with First Christian Church.
3. I authorize FCC to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I hereby accept financial responsibility for personal items lost by the person identified herein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_