

CONSENT FOR MEDICAL TREATMENT AND TRANSPORTATION

*Pilgrim Lutheran Church
1023 Michigan Avenue
Marysville, MI 48040*

810-364-7081

I give my child, _____, my permission to be transported by volunteer drivers on behalf of Pilgrim Lutheran Church. I therefore release Pilgrim and their volunteers from any damages, which may result due to accident or injury.

I, the undersigned, hereby authorize a representative of Pilgrim Lutheran Church to consent to and authorize emergency medical treatment, surgery, or dental care to be given to my child, _____, as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Parent/Guardian Signature _____ Date _____

Child's Name _____ Birth date _____

Address _____ State _____ Zip _____

Home/Cell Phone _____

Parent/Guardian #1 Name _____ Relationship _____ Phone _____

Parent/Guardian #2 Name _____ Relationship _____ Phone _____

Name of another emergency contact _____

Relationship _____ Phone _____

Family Physician _____ Phone _____

Insurance Company and Policy Number _____

Insurance Verification Phone Number _____

Allergies _____

Physical Limitations _____

Medications Currently Used _____