



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: _____