

2022 Emergency/Permission to Transport Form



Student's Name _____
Last Name First Name Middle Initial

Address _____
Street City State Zip Code

Phone _____ Email _____

Birthday ____/____/____ Age ____ ☐ Male ☐ Female Grade ____ School _____

Parent/Guardian's Name _____ Email _____

Cell Phone _____ Home Phone _____

Address _____

Employer _____ Work Phone _____

I, _____ (parent/guardian's name) do hereby give my permission for _____ (student's name) to be transported to and from and participate in trips and outings with West Cobb Church's Pipeline Student Ministry. I do hereby release West Cobb Church, all adult sponsors or church staff from any liability in the event of any accident in route, during and returning from ministry sponsored events.

I also give my permission for my son/daughter to be examined, x-rayed, and treated by any licensed medical facility, office, hospital or emergency facility, if in the judgment of the counselors/advisors, emergency care is required to insure the health and well being of my child, and I cannot be reached at the locations given.

____ (initial) I hereby give permission for my son/daughter's photo to be displayed for any and all activities/events and release West Cobb Church, all adult sponsors or church staff from responsibility and liability. By signing, West Cobb Church, all adult sponsors or church staff will not be held responsible for action regarding these photos. These photos may be displayed on, but not limited to, brochures, advertising, and internet for the sole purpose of West Cobb Church's Pipeline Student Ministry for church events.

Medical Information

Medications taken on a regular basis: ☐ Yes ☐ No

If Yes, please describe _____

Current/Recurrent illnesses and or allergies to foods, medications or insects: ☐ Yes ☐ No

If Yes, please describe _____

Diagnosed behavior disorder: ☐ Yes ☐ No

If Yes, please describe _____

Insurance Information

Student's Physician _____ Phone _____

Insurance Provider _____ Name of Primary Policy Holder _____

Policy Group # _____ Policy Member ID# _____

This authorization shall be effective throughout 2020 or until it is expressly revoked. It is my responsibility to notify West Cobb Church of any changes that will need to be made to this form during this time.

Notary Signature _____

Notary Seal

Commission Expires: _____

Signature _____

Date _____