

CONSENT FOR MEDICAL TREATMENT AND TRANSPORTATION

*Prince of Peace Lutheran Church
1920 Lewis Avenue
Ida, MI 48140*

734-269-2420

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

I, the undersigned, hereby authorize a representative of Prince of Peace 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 _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work 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 _____