



Transportation Permission Form and Emergency Medical Information

Name(s) of child(ren)/(youth(s))

I give my permission for the transportation of the above named person(s) to and from the United Church of Christ National Youth Event in Lafayette, IN July 9-July 14, 2012. I give my permission to the Rocky Mountain Conference UCC and to the appointed adults responsible to give any needed medical assistance to the above named child(ren)/youth(s) should there be an emergency or accident in transit. The following information is provided to assure the best appropriate care:

Parent/Guardian name _____

Address _____

City/State/Zip _____

Phone(s) where parent/guardian can be reached during transportation process:

(Home) _____ (Work) _____ (Cell/Pager) _____

Insurance Company name _____

Policy Number _____ Group Number _____

Address and phone of insurance company _____

Policy holder's name _____

Doctor preference _____ Phone _____

Please list any medication currently being taken, any medication allergies, or any physical conditions that would affect treatment.

Any further instructions: _____

Parent or Guardian Signature

Date