

Transportation and Emergency Medical Consent Form

Youth's Name _____ Birth Date ____/____/____

Parent'(s) Name(s) _____

Address _____ City _____

State _____ Zip _____

Home Phone # _____

Cell or Alternate Phone # _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Insurance Company _____

Insurance Policy # _____ Group # _____

Hospital of Choice _____ Family Doctor _____

Medical Conditions _____

Handicaps _____

Allergies _____

I _____ give Marquette Gospel Tabernacle and Abba's House Ministries permission to transport my child to and from all 2007 events as well as any transportation needed for activities during the events.

I give permission for my son/daughter to receive necessary emergency medical treatment, including anesthesia if:

- I cannot be contacted personally
- The adult supervisor from Marquette Gospel Tabernacle or Abba's House Ministries deems treatment necessary
- The services of licensed physicians are secured
- The proposed medical treatment or procedures are immediately or imminently necessary and any delay would reasonably jeopardize the life, health, or wellbeing of the child affected.

Parent's Signature _____ Date _____