

THE FIRST PRESBYTERIAN CHURCH OF WILLOUGHBY

MINOR TRANSPORTATION PERMISSION SLIP

Name of Minor to be Transported	DOB
Event Name	Location
Transported To	From
Transported By	Date of Event

This permission slip applies to anyone under the age of 18 that is being transported by a representative of the church, or any contracted service the church may use for transporting the minor. The minor may not be transported unless approved by parent or legal guardian.

As the parent/legal guardian of the above-named minor, I give my permission for them to be transported to the above identified event and release The First Presbyterian Church of Willoughby, Ohio and any of its representatives from any and all responsibility.

Parent/Legal Guardian: (Please Print) _____

Signature: _____ Date: _____

MINOR HEALTH INFORMATION FORM

MEDICAL INSURANCE INFORMATION	
Name of Health Insurance	
Insurance Company	
Policy Number	
Name of Policy Holder	

Emergency Contacts	
Contact Numbers	

HEALTH INFORMATION	
Any health conditions to be aware of	
Actions to be taken if condition occurs	
Allergies Requiring EpiPen	
Does the minor carry the EpiPen? Do you give permission for an adult to assist in its use?	
Medications currently being taken. Does minor need reminding?	
Date of last tetanus shot.	

PARENT OR LEGAL GUARDIAN AUTHORIZATION

The above health information is currently up to date and correct. By my signature below, if I cannot be immediately reached, I give my permission to the physician selected the adult leader in charge to perform or obtain all the necessary medical treatment and understand that that I have full financial responsibility for any medical treatment they may receive.

SIGNATURE _____ DATE _____