

Pioneer Bible Church
Permission to Travel and Consent for Adult Treatment

I (we) _____ will accompany the staff of Pioneer Bible Church on church sponsored outings.

This event takes place on (date or "open") _____ and returning (date or "open") _____. By using the word "open", this form can be used for multiple trips and outings.

By the signing of this form we do authorize the Pioneer Bible Church as agent(s) for him/her in our absence, to consent to X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by and rendered under the supervision of any properly licensed physician and surgeon, in any duly licensed medical facility. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required. This authorization provides authority and power on the part of the Pioneer Bible Church to give consent in any medical emergency to any diagnosis, treatment or hospital care which the properly licensed physician and surgeon has deemed advisable.

Date of Birth: _____

Home Phone: _____

Work or Cell Phone: _____

Emergency Contact person: _____

Emergency contact phone: _____

Medical Insurance Company: _____

Policy or Group Number: _____

Last Tetanus Shot (date): _____

Allergies: _____

Additional Health Issues: _____

List Medications: _____

Signature: _____

Today's Date: _____

Rev'd insurance date _____