

**Pioneer Bible Church**  
**Permission to Travel and Consent for Treatment**

I (we) the parent (s) of \_\_\_\_\_ permit this student to accompany the staff of Pioneer Bible Church on church sponsored outings.

The students will be leaving 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.

Minor 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): \_\_\_\_\_

List Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Additional Health Issues: \_\_\_\_\_

Signature (father): \_\_\_\_\_

Signature (mother): \_\_\_\_\_

Signature (Legal Guardian) \_\_\_\_\_

Today's Date: \_\_\_\_\_ Rev'd date \_\_\_\_\_ Rev'd date: \_\_\_\_\_