This form serves as a permission slip for ALL regular field trips.

(Including lock-ins and mission trips)

# Bethel International United Methodist Church

## Blanket Field Trip Permission and Emergency Medical Authorization Form

2016-2017

BIUMC requires written permission from a parent or guardian of each child before he/she may participate in field trips. **I hereby grant permission for my child to participate in field trips during 2016/2017 activities**. I release Bethel International United Methodist Church employees and volunteers from any and all liability of any kind which may arise during or relating to the trip except liability for damages and injuries caused by the sole negligence of Bethel International United Methodist Church. Notification will be sent via email to parents or guardians prior to any field trip indicating dates, times and destinations.

_____ _____

Signature of Parent or Legal Guardian Date

Please complete the emergency medical authorization section of this form. Please inform the church of any changes to this authorization as they occur and prior to each field trip.

**Sections 1 and 3 must be completed if you are GIVING CONSENT to emergency treatment.**

### Emergency Medical Authorization

### SECTION 1: CONSENT TO EMERGENCY TREATMENT

Student Name _____ Telephone _____

Address _____

_____

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for children who become ill or injured while under church authority, when parents or guardians cannot be reached. In the event of an emergency, please call:

1. Name _____ Mother Home Phone _____
   Work Phone _____
   Cell Phone _____

2. Name _____ Father Home Phone _____
   Work Phone _____
   Cell Phone _____

3. Name _____ Other Home Phone _____
   Relationship _____ Work Phone _____
   Cell Phone _____

In the event reasonable attempts to contact the above-mentioned have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

1. Preferred Physician _____ Phone_____
2. Preferred Dentist _____ Phone_____
3. MD Specialist _____ Phone _____

In the event the designation preferred practitioner (s) are not available, by another licensed physician or dentist; and the transfer of the child to:

Preferred Hospital _____ Phone _____

Or any hospital reasonably accessible.

**This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.**

Signature of Parent or Guardian _____ Date_____

## Emergency Medical Authorization

SECTION 2: REFUSAL TO CONSENT TO EMERGENCY TREATMENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish church authorities to TAKE NO ACTION OR _____

Signature of Parent or Guardian _____ Date _____

## Emergency Medical Authorization

**SECTION 3**: EMERGENCY MEDICAL INFORMATION

Food Allergies _____

_____

_____

_____

Medicine Allergies _____

_____

_____

_____

Insect Allergies _____

Other _____

_____

_____

_____

**Is EPI-PEN REQUIRED**? YES _____ NO ____

Current Medications:

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

Other Health Concerns (Diabetes, Asthma, etc.) _____

_____

_____

_____

Check this box only if you DO NOT give permission for photos or images of your child to be used in any online or published media ☐