

Medical and Transportation Form for

_____ (insert date)

Child's Full Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

School: _____ Grade: _____ Date of Birth: _____

Father's Name: _____

Address (if different): _____

Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's Name: _____

Address (if different): _____

Phone: _____ Work Phone: _____ Cell Phone: _____

In case of emergency and the custodial parent cannot be reached, contact:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name and phone number of physician:

List any physical limitations, allergies, or medications:

We the parent(s) of _____, do hereby give consent for our son/daughter to ride in the designated vehicles of Bethany Lutheran Church to go to area schools on _____ 2007.

Parent Signature: _____

Date: _____