

**OX HILL BAPTIST CHURCH
PERMISSION FOR EMERGENCY CARE**

THIS PERMISSION SLIP IS VALID THROUGH SEPTEMBER 30, 2009. THIS FORM SHALL BE READILY ACCESSIBLE AND TAKEN TO THE HOSPITAL WITH THE PATIENT.

NAME _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH _____

NAME OF SPOUSE _____ BUSINESS PHONE: _____

ADDRESS _____

HOME TELEPHONE _____

EMERGENCY CONTACT AFTER SPOUSE _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

ALLERGIC TO: Medications _____

Food _____

Other _____

LAST TETANUS SHOT (DATE) _____

TAKING ANY MEDICATION? (TYPE) _____

OTHER MEDICAL INFORMATION _____

INSURANCE COVERAGE

COMPANY _____

POLICY # _____

The group leader has my permission, in any emergency to take me, at my expense, to the hospital emergency room deemed appropriate by the rescue squad or the group leader. The hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for my well-being.

Commonwealth of Virginia
County/City of _____

Signature

This _____ day of _____, _____,
known or adequately identified to me, personally
appeared before me and subscribed his/her signature hereto.

Date _____

Notary Public

My Commission Expires: _____

FORM IS NOT VALID UNLESS IT IS NOTARIZED