

**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 PARENT(S) (or guardian(s) authorized to make health care decisions)

ADDRESS _____

HOME PHONE _____ BUSINESS PHONE: (Mother) _____ (Father) _____

CELL PHONE - Mother _____ Father _____

EMERGENCY CONTACT AFTER PARENTS _____ PHONE _____

FAMILY OR CHILD'S PHYSICIAN _____ PHONE _____

ALLERGIC TO: Medications _____

Food _____

Other _____

LAST TETANUS SHOT (DATE) _____

TAKING ANY MEDICATION? (TYPE) _____

OTHER MEDICAL INFORMATION _____

INSURANCE COVERAGE

COMPANY _____

POLICY # _____

The adult advisor(s) have my (our) permission, in any emergency to take my (our) child, at my (our) expense, to the hospital emergency room deemed appropriate by the rescue squad or the adult advisor(s). The hospital and its medical staff have my (our) authorization to provide treatment which a physician deems necessary for the well-being for my (our) child.

Commonwealth of Virginia
County/City of _____

Signature of Parent/Guardian

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: _____