

OX HILL BAPTIST CHURCH
PERMISSION FOR EMERGENCY CARE

THIS PERMISSION SLIP IS VALID THROUGH SEPTEMBER 30, 2010. THIS FORM SHALL BE READILY ACCESSIBLE AND TAKEN TO THE HOSPITAL WITH THE PATIENT.

NAME _____

_____ (LAST) (FIRST) (MIDDLE)

DATE OF BIRTH _____ EMAIL _____
ADDRESS: _____

NAME OF SPOUSE _____ BUSINESS _____
PHONE: _____
ADDRESS _____

HOME TELEPHONE _____ WORK 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 _____

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

Signature

Date _____

Notary Public

My Commission Expires: _____

FORM IS NOT VALID UNLESS IT IS NOTARIZED