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_____ PARENT'S EMAIL ADDRESS_____

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

_____

ADDRESS_____

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

EMAIL - 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 _____

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

_____
Notary Public

My Commission Expires:_____

Signature of Parent/Guardian

_____

Date_____

FORM IS NOT VALID UNLESS IT IS NOTARIZED