

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____
in the event of illness or injury during any sponsored activity of The Presbytery of New Harmony. This permit is in effect
until I give The Presbytery of New Harmony written notice to the contrary.

Parent/Guardian Signature: _____

Health Insurance Company: _____

Subscriber's Name: _____

Policy Number: _____

Insurance Company Emergency Phone: _____

Has s/he had any surgery or serious illness within the last three years? If yes, please explain:

Is s/he required to take any medication? If so, for what reason and how often?:

Does s/he have any allergies or allergic reaction to any medications? If yes, please explain:

Is s/he presently under a doctor's care? If yes, please explain: