

Medical Permission Slip

2009-2010

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Parent/Guardian _____

Alternate Contact Person/Phone # _____

Health Insurance Company _____

Policy Holder _____ Group/ Policy Number _____

Please list any allergies to which your child is susceptible:

You may give my child:

() Motrin () Tylenol () Mylanta () Pepto Bismol

Pre-existing or present medical conditions: _____

Date of Last Tetanus _____

Family Doctor/Phone # _____

Hospital Preference _____

IN CASE OF EMERGENCY: I hereby give permission to the physician selected by the representative of the Middleport Church of Christ to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child named above. I understand, however, that every effort will be made to contact me in case of such emergency, and if possible, before such medical treatment is administered. I further agree to be responsible for any and all bills incurred for such treatment.

I hereby give full authority to the representative of the Middleport Church of Christ to use his or her discretion in determining if such medical treatment is necessary, and I release the Middleport Church of Christ from any responsibility for the results of that determination. I further release the Middleport Church of Christ from any responsibility other than normal supervision and care of my child.

Signature of Parent or Guardian _____ Date _____

I certify that the above named personally appeared before me this ____ day of _____ at Middleport, Ohio.

Commission expires: _____