

Permission for Emergency Treatment

AB GIRLS Medical Form

Name:		Phone:
Address:		
City, State, Zip Code		
Date of Birth:		
Medical Insurance Company:		
Policy Number:		Group Number:
Medications Taken Regularly:		
Allergies:		
Health Problems:		
Date of Last Tetanus Shot:		Family Doctor & phone:
Person to be Contacted in Case of Emergency		
Name:		Relationship:
Address:		
Home Phone:		Alternate Phone:
Alternate Person to be Contacted in Case of Emergency		
Name:		Relationship:
Address:		
Home Phone:		Alternate Phone:
<p>I, being a person authorized by law to give such permission, do hereby give my permission for emergency medical treatment to be given to the person who is named above. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and that failing to reach me, attempts to contact the alternate above will be made and that the sponsor on campus has been contacted. I understand that all reasonable precautions will be taken for safety at all times. I further release The American Baptist Women, American Baptist Churches, _____ (child's church), and all persons associated with these organizations from any liability associated with any accident, injury, or disease to the person that is subject to this form.</p>		
Signature of Parent/Guardian _____		Date _____



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