EMERGENCY PERMISSION FORM

Student Name _____
Birthdate _____
Address _____
City/State _____
Emergency Contact Name and Phone Number _____

Does the student take medication daily? Yes No
If yes, please list medication and dosage: _____
_____

Has the student had any past surgeries? Yes No
If yes, please specify:
_____
_____

Is the student allergic to any medications? Yes No
If yes, please specify:
_____
_____

Does the student have an allergy to latex? Yes No
Please list any other allergies or chronic medical conditions related to your child:
_____
_____

Family doctor's name and phone number: _____

In case of an emergency situation, I give the Emmanuel Baptist Church School, the staff and any emergency medical professionals, permission to treat and/or transport my child to a local emergency room. I give my permission to the Emmanuel Baptist Church School, the staff, and any emergency medical professionals, to administer any medication, or perform any procedures that may save my child's life in an emergency situation. I will not hold the Emmanuel Baptist Church School, the staff, or any emergency medical professionals liable for any injury that may occur during treatment or transportation of my child, in the event of an emergency.

The information on this form is accurate, up to date, and filled out to the best of my knowledge. If any of this information changes, I will request a new form from the Emmanuel Baptist Church School office, and fill out the form in its entirety with the updated information. This emergency permission form is valid for the entire 2018-2019 school year undeterred by the date written below.

_____
Parent/Guardian Name (Print) Date

_____
Parent/Guardian Signature Date