

St. Bartholomew's Episcopal Church
Permission Slip

Child's name: _____

Date of birth/age: _____

Address: _____

Parent(s)/Guardian(s): _____

In an event of an emergency, notify: _____

Relationship: _____

Phone number(s): _____

Name of family physician: _____

Phone number: _____

Emergency Medical Authorization

In the event reasonable attempts to contact me at the above listed phone numbers have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transport the child to any reasonably accessible hospital facility.

Parent/Guardian Signature

Date

Refusal to Consent

I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the person(s) in charge to take no action or to: _____

Parent/Guardian Signature

Date

(OVER PLEASE)