**Guardianship and Authorization for Emergency Treatment**

**Kentucky Christadelphian Bible School**

**Name of Child 17 or Younger** **Birth date**

…………………………………………………………………… …………

…………………………………………………………………… …………

…………………………………………………………………… …………

…………………………………………………………………… …………

…………………………………………………………………… …………

…………………………………………………………………… …………

…………………………………………………………………… …………

…………………………………………………………………… …………

**I/We, being the parent(s) or legal guardian(s)**

**of the above, do hereby appoint**

**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

**to act on my/our behalf in authorizing emergency medical, dental**

**or surgical care and hospitalization during the period of, and**

**traveling to and from the Kentucky Christadelphian Bible School**

**and will be totally responsible for his/her/their conduct while at the School.**

**(Note: guardian must be 25 years or older)**

**Signed**……………………………………………………………….. **Date**…………..

**Signed**……………………………………………………………….. **Date**…………..

**Street**……………………………………………..

**City**…………………………….. **Prov./State**………………….. **Zip Code**…………….

**Phone**……………………………**Email Address**……………………………………….

**Medical Information**

**Insurance Company** …………………………………………………………………………

**Insurance Account Number** …………………………………………………………………

**Family Physician Phone**...........................................................................................................

**Present Medication** ………………………………………………………………………….

**Medication Allergies** …………………………………………………………………………

**Tetanus Immunization Date** …………………….

**Other** ………………………………………………………………………………………….

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**This document should be presented to the appropriate medical representative**

**at such time emergency medical, dental, or surgical care is required.**

2