**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