

Guardianship and Authorization for Emergency Treatment

Kentucky Christadelphian Bible School

Name of Child 17 or Younger

Birth date

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**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

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**This document should be presented to the appropriate medical representative
at such time emergency medical, dental, or surgical care is required.**