

## **Guardianship and Authorization for Emergency Treatment**

## Kentucky Christadelphian Bible School

**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.**

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.**