

St. John's VACTION BIBLE SCHOOL July 13-17, 2009
Emergency Procedures

Child's Name _____ Grade _____ Age _____

TO GRANT CONSENT:

In the event reasonable attempts to contact me at (phone#) _____ or (other parent or guardian) _____ at (phone#) _____ have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____ at (phone#) _____ or in the event the preferred designated practitioner is not available, by other licensed physician, and the transfer of the child to (preferred hospital) _____ or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Signature _____

Date _____

REFUSAL TO CONSENT: (to be filled out if you do **not** want emergency treatment)

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 church/center authorities to take no action or to (specify action) _____

Signature _____ Date _____

ALLERGY INFORMATION (to be filled out for **EACH** child)

Please list below any food allergies or medical conditions that we need to be aware of that your child has: _____
