

In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of Northview Alliance Church.

Church to administer medication as identified above (see #3) and to secure proper medical treatment.

Parents will be notified immediately of any medical emergency.

Signature of Parent/Guardian _____ Date _____

Emergency Phone (_____) _____

Person to contact if parent cannot be reached _____

Relationship _____

Phone (____) _____