

Bethany Christian Schools

Permission for Treatment and Travel

Student's Name _____ Age ____ Birth Date _____
Last First Middle

Address _____

Home Phone _____ Daytime Number for Parent/Guardian _____

Emergency Contact Person _____ Emergency Phone _____
(Other than parent/guardian)

Doctor _____ Doctor's Phone _____

Date of Last Tetanus Booster _____ Allergies _____

Unusual medical problems, if any _____

Medicines being taken by student _____

I _____ bearing the relationship of _____ and
Parent or Guardian relationship
having legal custody of _____ give the following permissions:
Student's Name

Permission for Medical Treatment: I authorize BCS personnel to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the student at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon. I understand this is to be used if I cannot be reached so that emergency treatment can be initiated without delay.

Permission to Dispense Non-Prescription Drugs: I authorize BCS personnel to dispense Tylenol or Ibuprofen, not to exceed recommended dosage amounts, to the student upon the student's request and without an attempt to contact me, whether in emergency or non-emergency situations.

Permission for Travel: I consent for the student to travel on school-sponsored trips, including those that involve overnight stays, and hereby voluntarily waive any claim against Bethany Christian Schools, its board of directors and agents/employees for any and all causes which may arise in connection with such trips.

This consent will be valid for the duration of the student's enrollment at Bethany Christian Schools.

Signer must appear before the Notary.

Signature of Parent or Guardian Date

State of _____, County of _____

On this ____ day of _____, 20____, _____ appeared before me,
____ whose identity I verified on the basis of _____
____ who is personally known to me,
____ whose identity I verified on the oath/affirmation of _____, a credible witness,
to be the signer of the foregoing document, and he/she acknowledge that he/she signed it.

Notary Public

My commission expires: _____