

last name: _____

PERMISSION SLIP FOR EMERGENCY TREATMENT

Student name(s):

Should a medical, dental or other condition or emergency arise in my absence, COVE instructors, parents and volunteers have my permission to obtain any necessary emergency care for my son/daughter. This authorization is valid until revoked.

RENEWAL:

There are no changes to health information.

(PARENT OR GUARDIAN signature)

____ Initials _____ Date

(Print Name of PARENT OR GUARDIAN)

____ Initials _____ Date

____ Initials _____ Date

____ Initials _____ Date

DATE _____

BEST PHONE (_____) _____ to reach _____

SECONDARY PHONE (_____) _____ to reach _____

EMERGENCY CONTACT (_____) _____ NAME _____

relationship to family _____

INSURANCE COMPANY _____

POLICY # _____

Insurance Company phone # _____

PLEASE NOTE - Medical facilities may choose not to treat your child, unless this form is notarized or you can be reached by phone