



# COVE Homeschooling Association

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