

**Emergency Permission Form**  
(To be completed and signed by parent/guardian)

**STUDENT'S NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies to medications, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has student been prescribed an inhaler or epi-pen? \_\_\_\_\_

Is student presently taking medication? \_\_\_\_\_ If so, what type? \_\_\_\_\_

\_\_\_\_\_

Does student wear contact lenses? \_\_\_\_\_ Please list date of last tetanus shot \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of Grace Christian School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency): \_\_\_\_\_

Evening phone number (cell phone or number where to reach you in emergency): \_\_\_\_\_

Name and relationship and phone number of alternative person to be contacted in event of an emergency:

\_\_\_\_\_

Signature of parent or guardian (**must be notarized/signed in the presence of a Notary**):

\_\_\_\_\_ Date: \_\_\_\_\_

**Notary Information and Seal below**

**Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.**