

EMERGENCY MEDICAL TREATMENT PERMISSION FORM

I GIVE PERMISSION FOR THE STAFF OF Tomah Baptist Academy to obtain emergency medical treatment for my child(ren), \_\_\_\_\_, \_\_\_\_\_, in the event of injury. I also understand that all attempts will be made to notify the parent(s) or guardian(s) immediately regarding any incident that necessitates obtaining emergency treatment.

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

Signature of Parent or Guardian: \_\_\_\_\_  
Signature Relationship to student(s)

Signature of Witness: \_\_\_\_\_  
Signature Title

List other children here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact numbers:

1. \_\_\_\_\_ Relationship to family \_\_\_\_\_
2. \_\_\_\_\_ Relationship to family \_\_\_\_\_