



Chapel Hill Baptist Church

1820 East 52nd Street

Odessa, Texas 79762

Emergency Medical Authorization Form

Calendar Year 2011-2012

Student Name _____ Birthday ____/____/____

Parent / Guardian _____

In the event of a medical emergency, I consent and give my permission for Chapel Hill Baptist Church of Odessa, Texas, or its representatives, or attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which might in their sole desecration be necessary and proper under the circumstances.

In the event of such an emergency the parent or guardian should be notified immediately.

Signature of Parent or Legal Guardian _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Alternate Contact and Phone Number: _____

Special Information: _____

Medical Information

Doctor Name _____ Phone: _____

Daily Medications/Dosage: _____

Allergies: _____

Medical Conditions (asthma, etc): _____

Insurance Co. _____ Policy Number _____

Copy of Insurance Card Attached