



CONSENT FOR THE TREATMENT OF MINOR DEPENDENTS

Name _____ Date _____

Does your child have any unusual physical condition or health problem? Allergies? Reactions to bee stings or other insect bites? If yes, please explain:

Does your child have any condition that requires regular medication? If yes, please explain:

Are there any restrictions of activity for medical reasons? If yes, please explain:

EMERGENCY CONTACT OTHER THAN PARENTS

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Doctor's Name & Phone _____

Dentist's Name & Phone _____

Reasonable efforts will be made to contact parents in the event of an emergency. However, I authorize Samson Baptist Academy to seek medical treatment deemed necessary by the school administration, if I cannot be reached.

Parent's Signature

Date