

# Hammond Baptist Schools

A Ministry of the First Baptist Church of Hammond, Indiana

134 W. Joliet St., Schererville, IN 46375

## EMERGENCY TREATMENT PERMIT

I / We (name) \_\_\_\_\_ and (name) \_\_\_\_\_  
of (city) \_\_\_\_\_, (state) \_\_\_\_\_, (county) \_\_\_\_\_, do hereby state that I am / we are the  
parent(s) or legal guardian(s) of (child's name) \_\_\_\_\_, a minor, age \_\_\_\_\_,  
born on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_, who resides with me / us at:  
(address) \_\_\_\_\_

Street City State Zip Code

I / We authorize a member of Hammond Baptist Schools' staff / faculty in the city of Schererville, Indiana, in Lake County, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and / or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States of America.

I / We hereby hold harmless Hammond Baptist Schools and its employees and the First Baptist Church of Hammond and its employees from any liability or other responsibility arising from said actions. I / We understand that I / we as parent(s) / legal guardian(s), together with my / our insurance carrier, are responsible by operation of law. I / We understand that the emergency center will attempt to contact the parent(s) / legal guardian(s) as soon as possible.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent / Legal Guardian Date Signature of Parent / Legal Guardian Date

In case of emergency, parent(s) / legal guardian(s) can be reached as follows:

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell phone / Pager (\_\_\_\_) \_\_\_\_\_

Mother's business \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Father's business \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of family doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of insurance company \_\_\_\_\_ Policy / Group # \_\_\_\_\_

List two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### **Medical History**

Allergies and corresponding medications \_\_\_\_\_

Tetanus (date of last booster) \_\_\_\_/\_\_\_\_/\_\_\_\_

Chronic or existing diseases or medical problems (diabetes, epilepsy, asthma, etc.) \_\_\_\_\_

Medications your child is now taking \_\_\_\_\_

Can and may your child have the following:

Antacid tablets (Tums): Yes \_\_\_ No \_\_\_ Regular aspirin: Yes \_\_\_ No \_\_\_ Acetaminophen (Tylenol): Yes \_\_\_ No \_\_\_

**Note: All other medication that the student may need during school hours must be brought to the school nurse or the school office with doctor's instructions (prescription) or parents' / guardians' instructions (non-prescription). The student may not self-administer the doses. Only the nurse or authorized personnel may supervise this.**

### **Activity Permission**

I / We the parent(s) / legal guardian(s) of \_\_\_\_\_, who is enrolled in Hammond Baptist Schools, hereby give my / our permission to the authorities of the Hammond Baptist Schools system, to take said student on field trips, athletic trips, or any other supervised school activity.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent / Legal Guardian Date Signature of Parent / Legal Guardian Date

**Note: This permission form expires one year from date signed.**