



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) _____

I/We authorize a member of Faith Baptist Academy staff/faculty in the city of Richmond, Kentucky, of Madison 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 Faith Baptist Academy and its employees, and the Faith Baptist Church of Richmond 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 Print name of Parent/Legal Guardian ____/____/____
Date

Signature of Parent/Legal Guardian Print name of Parent/Legal Guardian ____/____/____
Date

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

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

Mother's Employer: _____ Work Phone: (____) ____-____

Father's Employer: _____ Work Phone: (____) ____-____

Administrator:
Steven Hutchinson

A Ministry of Faith Baptist Church
486 Battlefield Memorial Hwy
Richmond, KY 40475

(859) 625-8548
faithbaptistky.org



Name of Family Doctor: _____ Phone: (____) ____ - _____

Name of Insurance Company: _____

Policy/Group #: _____

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

Name: _____ Relationship: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Name: _____ Relationship: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Medical History:

Allergies and corresponding medications: _____

Chronic or existing diseases or medical problems (diabetes, epilepsy, asthma, etc.): _____

Medications your child is now taking: _____

Tetanus (date of last booster) ____/____/____

Note: All medication that the student may need during school hours must be brought to the principal 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 principal or authorized personnel may supervise this.

Activity Permission:

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

Signature of Parent/Legal Guardian

Print name of Parent/Legal Guardian

____/____/____
Date

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

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