



# The 2017 Burn Permission and Medical Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Know Medical Conditions/Allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

My child, \_\_\_\_\_, has my permission to travel with Conway's First Baptist Church. My permission is also given to obtain medical treatment for my child in case of an emergency. In cases of major surgery or illness, parent's special permission will be sought by the hospital and attending physician prior to treatment.

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