

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.