

**MEDICAL INFORMATION SHEET**

Mulberry Baptist Church has my permission to administer Emergency Medical Treatment to my child

\_\_\_\_\_ (Child's name) \_\_\_\_\_ (Date of Birth)

I wish for one of the following doctors to be notified in case emergency treatment is needed. \_\_\_\_\_

\_\_\_\_\_ (Name & Telephone Number of Dr.)

If the parent's choice of Dr. is unavailable, I will allow the resident doctor to administer Emergency Medical Treatment.

Signed: Parent \_\_\_\_\_

Guardian \_\_\_\_\_

Please list dates and types of immunizations: (A copy of this information may be attached to this form)

Other information or limitations – allergies, asthma:

Special Care:

Parent Signature \_\_\_\_\_

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