

Bitte geben Sie diesen Papierbogen – ausgefüllt - am Elternabend Herrn Pfr. Sebastian Nößner persönlich ab!

***Permission for Emergency Care***

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

DOB: \_\_\_\_\_ (dd/mm/yyyy) Age: \_\_\_\_\_

Parent/Guardians full Name: \_\_\_\_\_

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

Phone: home \_\_\_\_\_ cell \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy: \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ (dd/mm/yyyy)

Medication currently taken: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Rev. Sebastian Nößner has my permission, in an emergency, when I or my physician cannot be reached, to take my son/daughter to the emergency room of the nearest hospital, and the hospital staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child. This form shall be taken to the hospital with the patient.**

Signature of the parent/legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_ (dd/mm/yyyy)