

**Guardianship and Authorization for Emergency Treatment**  
**2018 Canadian Christadelphian Bible School**  
**July 28 – August 3**

Name

Birthdate

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**I/we, being the parent (s) or legal guardian (s) of the above, do hereby appoint**

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**to act on my/our behalf in authorizing emergency medical, dental or surgical care and hospitalization during the period of, and travelling to and from the Canadian Christadelphian Bible School and will be totally responsible for his/her/their conduct while at the School.**

(Note: guardian must be 25 years or older and hold this document while at CCBS)

Signed..... Date.....

Signed..... Date.....

Street.....City.....

Prov./State..... P.Code..... Phone.....

**Medical Information**

Insurance Company.....

Insurance Contract #.....

Family Physician..... Phone.....

Present Medication.....

Medication Allergies.....

Tetanus Immunization date.....

Other.....

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This document should be presented to the appropriate medical representative at such time  
emergency medical, dental, or surgical care is required.