

Guardianship and Authorization for Emergency Treatment
2022 Canadian Christadelphian Bible School
July 23 – 29

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.