Shalom Baptist Church 5600 W. Bradley Rd. Brown Deer, WI 53223

Arise Shine Homeschool Group – Medical Wavier

The Purpose: To enable parents/guardians to authorize the provision of medical treatment for their children in the event of a medical emergency (illness or accident) in which the parent /guardian cannot be reached.

Child’ name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ age\_\_\_\_\_

Parent’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Cell & Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s name and number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an accident or illness with my child and after numerous and reasonable unsuccessful attempts to contact me, I do give to permission to the leadership of Arise Shine Homeschool group/Shalom Baptist Church to transport my child to a medical facility/hospital to receive medical treatment. This wavier will not cover surgery unless in a life or death situation and affirmed by least 2 licensed physicians / dentist (if a dental procedure is necessary).

Medical history that would be helpful to a physician- allergies, or medication they are regularly taking:

Parent’s signature: