

Walnut Street Christian School
Permission To Treat Form

I give my permission to the personnel of Walnut Street Christian School to act as guardian for my child _____ in the event of an injury that requires medical treatment.

Signature of Parent/Guardian

Date

Phones numbers where I can be reached in case of an emergency:

Insurance Information

Policy Holder's Name _____

Name of Company _____

Policy Number _____

*****Please attach a photocopy of the front and back of your insurance card.*****