Horse Cave Baptist Church
301 E. Main Street
Horse Cave, KY 42749
Permission Form for Medical Attention

TO WHOM IT MAY CONCERN:

I, _____, give my permission for _____ or _____, to seek needed medical attention for _____.

I release Horse Cave Baptist Church, any member and any medical facility used from harm.

_____ DATE

_____ SIGNATURE

_____ PRINT NAME

MEDICAL INFORMATION

Name _____
Age/D.O.B. _____
Address _____
Insurance _____
_____
_____

Allergies _____
Medications Taking Presently
_____
_____
_____

Last Tetnus Shot _____