

# Note of Permission and EMERGENCY INFORMATION

**This is a fill-in form.**  
Please type in your information. Copy the form, and mail it along to the TACSC Office with your fees and other forms.

Dear Miss Thickett:

This will authorize you to obtain any needed medical care or attention for...

Born: \_\_\_\_\_

Respectfully,

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Parent Signature)

We certify that we are the parents of the above named child and hereby give full consent to the securing of medical attention as aforesaid and fully authorize any qualified doctor or hospital to furnish said treatment. We hereby obligate ourselves to said doctor or hospital for the payment of reasonable fees for their services.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Parent Signature)

**Appreciated Information:** Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ I.D. Number \_\_\_\_\_

In case of an emergency please notify....

NAME

RELATION

PHONE NUMBER Day/Night

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_

Street

City

State/Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_

Area Code & Number

Please list any medication your child will be bringing with him/her, the dosage, and frequency of its use:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate any medical condition or allergy of which the TACSC staff should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If our TACSC Mom/nurse/nurses aid has your permission to administer Tylenol or Gaviscon for a headache or tummy ache, please sign your name here:

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_