

## Medical Information

Child's Primary Physician: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Present medications: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

Known medical conditions: \_\_\_\_\_

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_  
give temporary guardianship of said child to: Pastor Brant Roskelley and Brother  
Brian Goddard. The named guardians have full authority to sign and approve any  
emergency medical care that the above mentioned child may require.

Parent/legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_