

# ***Wilson Christian Academy***

Child Care Center

Notarized Permission Slip

I, \_\_\_\_\_, give my permission for any staff member of Wilson Christian Academy, to grant permission to the physician or any emergency medical personnel to administer whatever care is needed at the time of an emergency.

My child's name is: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Known allergies: \_\_\_\_\_  
(please include medicine)

Parent signature: \_\_\_\_\_

Notary's signature: \_\_\_\_\_

Commission expires: \_\_\_\_\_

Seal: