

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: