

# TRINITY BAPTIST BIBLE COLLEGE

## Emergency Permit

Student's Name: \_\_\_\_\_

In the event that an emergency should arise, I hereby give Trinity Baptist Bible College permission to authorize emergency anesthesia, surgery, and/or procedures deemed necessary.

(This permit is required of every student. For those students under 18 years of age, the person legally responsible must sign for him.)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number