

# Massillon Baptist College Emergency Form

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

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

(This permit is required of every student. For those students under 21 years of age, the person legally responsible must sign for him/her.)

Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

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