



developing life-long learners while connecting families to Christ

Authorization for Emergency Medical Attention

Student Name _____ Parent Name _____

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Emergency Medical Care Facility: _____

Address of Emergency Medical Care Facility: _____

Phone Number of Emergency Medical Care Facility: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature _____