

# STATEMENT OF AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

## Darren Patterson Christian Academy

!We hereby give my/our permission to Darren Patterson Christian Academy to secure emergency medical treatment in the event of an injury or accident or emergency situation that involves my child. I understand that a conscientious effort will be made to contact me/us as to the injury and treatment of our son/daughter. In the event physicians, other persons named or parents cannot be contacted, school officials, emergency personnel or hospital physicians are hereby authorized to take whatever action is deemed necessary in their judgment, for the health and safety of the student. We will not hold the school, emergency personnel or hospital physician responsible for the emergency care and/or transportation for said student.

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Street City State Zip

Phone during day: Father \_\_\_\_\_ Mother \_\_\_\_\_

In an emergency, if parents cannot be contacted:

Notify first: \_\_\_\_\_ Phone: \_\_\_\_\_

Notify second: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Known allergies/Health conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out this form and return it to the office by the first day of school.

Thank You!