



STATEMENT OF AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Darren Patterson Christian Academy

I/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: _____

Thank You!