

EMERGENCY MEDICAL TREATMENT PERMISSION

HARVEST CHRISTIAN ACADEMY

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I (we) hereby grant the school principal or staff permission to take whatever steps they deem necessary to obtain emergency medical care for _____. These steps may include, but are not limited to, the following:

1. Attempting to contact a parent or guardian.
2. Attempting to contact a child's physician.
3. Attempting to contact a parent or guardian through any of the persons listed on the emergency information form relating to the child.
4. Calling another physician, if the child's physician is not reached.
5. Calling an ambulance and or public emergency service.
6. Having a child taken to an emergency room in the company of a staff member.

I agree that any expense incurred under steps 4, 5, or 6 above will be my financial responsibility as the undersigned parent/guardian.

Parent or Guardian Phone #1 _____ Phone #2 _____ Phone #3 _____

Students Personal Physician Information:

Physician Name _____ Phone _____

Address _____

#1 Contact person's name and phone number in case parent cannot be reached:

Name _____ Relationship _____ Phone _____

Address _____ Phone _____

#2 Contact person's name and phone number in case parent cannot be reached:

Name _____ Relationship _____ Phone _____

Address _____ Phone _____

Father's signature _____ Date _____

Mother's signature _____ Date _____

School Year _____

