

Medical Authorization

We/I hereby authorize an employee of Evangel Christian School to act on behalf of our/my child in case of any medical emergency. We/I convey authority upon Evangel Christian School to act on behalf of our/my child and to authorize any emergency test or treatment the EMT and/or doctors feel necessary to perform. I understand every thing possible will be done to contact me before any treatment is performed unless immediate action is a life or death matter.

Family Name _____

Name of Health Insurance _____ Policy Number _____

Student Name/Grade/Allergies or Medical Alerts:

Student 1: _____

Student 2: _____

Student 3: _____

Student 4: _____

Student 5: _____

Parent Signature _____

Student Emergency Contact Information

Student Home #		Student Cellular	
Mother/Guardian		Father/Guardian	
Home phone		Home phone	
Work phone		Work phone	
Cell phone		Cell phone	
Home email		Home email	
Work email		Work email	

Please list below all individuals that are authorized to pick up your child(ren). For the safety of all children, some form of identification will need to be presented at the time of pick-up.

Name/Relationship _____ Phone # _____

Name/Relationship _____ Phone # _____

Name/Relationship _____ Phone # _____

Name/Relationship _____ Phone # _____

