

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.

Name of Child _____ Age _____ Grade _____

Medical alert (diabetes, etc.) _____

Name of Health Insurance _____ Policy # _____

Allergies:

1.

2.

3.

Allergies to medicine:

1.

2.

3.

Emergency name and phone numbers of parents:

Mom _____ Work _____ Home _____

Dad _____ Work _____ Home _____

Emergency name and phone number of someone other than parents:

1. _____ Work _____ Home _____

2. _____ Work _____ Home _____

3. _____ Work _____ Home _____

Signature of Parent _____

Please complete a form for each student. Additional forms are available at the school office.