



2009-10 Emergency Medical Treatment Authorization

(To be filled out by parent)

Date _____

Child's First Name _____ Last Name _____ Birthdate _____

List any medication your child is taking (dosage and frequency) _____

List numbers to call other than father, mother, or doctor in case of emergency.

Name	Relationship	Phone

Name	Relationship	Phone

List any specific physical, social, or emotional conditions your child has. List any existing allergies, ongoing illness, previous serious illness, injuries or hospitalizations during the past 12 months.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached at a time of illness or accident, or the emergency is such that time does not permit such contact, I authorize Northland Christian School to take my child,

(Child's name) _____ to:

Name of Doctor	Address	Phone

Name of Dentist	Address	Phone

or to the nearest hospital emergency facility for emergency medical treatment.

Name of Insurance Company	Group of Policy Number

X Signature of Parent/Guardian _____ **X Date** _____

FIELD TRIP AUTHORIZATION (students in 3's and 4's only)

(Child's Name) _____ has my permission to participate in any field trip during the school term.

X Signature of Parent/Guardian _____ **X Date** _____