



# Emergency Medical Treatment Authorization

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As Parent or Legal Guardian of \_\_\_\_\_  
(Please print student's name)

I authorize a Northland Christian School teacher, coach or administrator to have the above named student examined by a qualified physician or dentist, and in the event of injury to administer any emergency care he deems necessary to insure proper treatment. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment. In signing this form as a parent or guardian, I hereby agree to relieve the school and/or its officers of any liability for injury or accident occurring on the school premises, while on a field trip or athletic competition trip. I give my permission for my child to make field trips accompanied by school personnel, as a part of the school's activities.

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**Parent/Guardian Signature**

**Date**

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**Student's Name (please print)**

**Grade**