

Emergency Medical Authorization

In the event of an emergency, we are asking each parent to complete the consent form and return it to the school. Every effort will be made to notify parents or others shown on the form. It is the responsibility of the parent to inform the school of any change in doctor or hospital preference.

I, _____, mother/father/guardian of _____, do hereby give my permission and/or consent to Ames Christian School, which includes any staff member in their employment, to call a physician or rescue squad for medical care for the above child should an emergency arise in which such service is indicated. I also agree to pay all costs and fees contingent on any emergency medical care and /or treatment for my child as secured or authorized under this consent.

Note: Every effort will be made to notify parents immediately in care of emergency. In the event of an emergency, it is necessary to have the following information.

Home Phone: _____

Mother's Work Phone: _____

Father's Work Phone: _____

Mother's Cell Phone: _____

Father's Cell Phone: _____

Physician _____ Phone _____

Street Address _____ City/State _____

Hospital Preference _____

Dentist _____ Phone _____

Street Address _____ City/State _____

Date of last tetanus: _____ Known allergies: _____

Present Medication: _____

Insurance Company _____ Policy Holder's ID: _____

I agree to this authorization for the period of time that my child attends Ames Christian School and will inform the school as to any change in the name of the doctor or hospital.

Persons, other than parent, who can be notified of an emergency if parents can not be reached and are authorized to pick up child.

Name _____ Home Phone _____

Relationship _____ Work/Cell Phone _____

Name _____ Home Phone _____

Relationship _____ Work/Cell Phone _____

Name _____ Home Phone _____

Relationship _____ Work/Cell Phone _____

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____