

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
_____ grade _____
do hereby give my permission and/or consent to Ankeny Christian Academy, 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 case of emergency. In the event of an emergency, it would be necessary to have the following information:

Home Phone Father's Work Phone Mother's Work Phone

Father's Cell Phone Mother's Cell Phone

Physician _____ Phone _____

Hospital Preference _____

Dentist _____ Phone _____

Parent/Guardian's Signature

Date

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

Person other than parent who can be notified of an emergency. (Locally, if possible)

Name _____ Home Phone _____

Relationship _____ Work/Cell Phone _____