

PLEASE COMPLETE BOTH COPIES

Emergency Medical Authorization 2011-2012

Pantego Christian Academy

(Off-campus/On-campus)

PLEASE PRINT FIRMLY

Student legal name _____ Grade _____

In the case of an accident, injury, or illness, I authorize the ACADEMY to seek and obtain any medical help it may deem necessary for my child. I will not hold the ACADEMY liable in the case of any accident, injury, or illness.

In the event I cannot be contacted to arrange for emergency medical attention for my child at the time of an on-campus accident, injury, or illness, I hereby authorize the ACADEMY to call 911 and have my child transported to the nearest hospital emergency room for any necessary medical treatment.

SIGNATURE _____

DATE _____

Parent or Legal Guardian

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