

Millers Creek Christian School

Authorization for Medical Treatment

To Whom It May Concern:

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants.

Student: _____ **DOB:** _____ **S.S.#:** _____

Emergency Phone Numbers:

Father: Work _____
Home _____
Cell _____

Mother: Work _____
Home _____
Cell _____

Other: Name _____
Relationship _____
Work _____
Home _____
Cell _____

Name of Medical Insurance Company _____

Policy Number _____ Expiration Date _____

Name of Family Physician _____ **Phone** _____

Date of Last DPT or Tetanus _____

Check if student has any of the following. Please explain any positive answers.

- Asthma Rheumatic Fever Scarlet Fever Bladder Problems ADHD
 Contact Lenses Diabetes Heart Trouble Epilepsy/Convulsions

Explanations: Is the student on medication? _____ Specify: _____

Does your child have any allergies? _____ Specify: _____

Is there any other medical information that you feel we should have about your child?

Notarization Required:
State of North Carolina

Parent/Guardian's Signature

Printed Name

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ in the county of Wilkes.

Name of Notary _____ Commission Expires _____