

MEDICAL PERMISSION FORM

(Must accompany child to the hospital)

I hereby grant permission for Bethel Christian Academy staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parent of guardian.
2. Attempt to contact child's physician, listed below.
3. Attempt to contact you through any of the persons listed on the emergency information below.
4. If we cannot contact you or your child's physician, we will do the following: (a) call another physician or paramedic; (b) call an ambulance; or (c) have the child taken to an emergency hospital in the company of a staff member.
5. Any expense incurred under the above will be the financial obligation of the child's family.
6. The school will not be responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment.

For my child(ren) (name) _____, the following person(s) can be contacted in case of emergency as well as have the authority to pick up and drop off my child(ren).

Name	Address	Phone

PHYSICIAN(S) TO CONTACT IN THE EVENT OF AN EMERGENCY

Name	Address	Phone

TO WHOM IT MAY CONCERN:

I hereby give my consent to (Hospital Name) _____ to administer treatment to my child (name), _____, in the event of an emergency at which I cannot be reached. I give consent to transport by ambulance if the situation warrants.

Parent(s)/Guardian(s) Signature _____

COUNTY OF LEON
STATE OF FLORIDA

Personally known _____
ID Produced _____
Type of ID _____

Sworn to and subscribed before me this _____ day of _____, 20____.

My Commission Expires _____

Notary Public (Print Name) _____

NOTARY SEAL:

My signature as a Notary Public verifies the affiant's identification has been validated by:

NOTARY SIGNATURE