LIGHTHOUSE CHRISTIAN SCHOOL
EMERGENCY MEDICAL AUTHORIZATION

I, _____, being the parent/guardian of 1. _____

2. _____ 3. _____ do hereby grant permission for a representative of Lighthouse Christian School to seek emergency medical attention in the event that a reasonable attempt to contact me is unsuccessful. I hereby give consent for the administration of any treatment by any licensed physician or dentist and the transfer of my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted:

Child 1: _____

_____

Child 2: _____

_____

Child 3: _____

_____

I have listed below work, cell and home phone numbers of myself and one other relative to be contacted in the event of an emergency:

Parent/Guardian: Work _____ Cell _____ Home _____

Family Member: Work _____ Cell _____ Home _____

Medical Insurance Information:

_____

_____

Date: _____

_____
Signature of Parent/Guardian

_____
Address

_____
City State Zip

****

FOR NOTARY USE ONLY
My commission expires: _____

Subscribed and sworn before me, _____, this date _____

_____
Notary Signature

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"Home of the Lions"