

**LIGHTHOUSE CHRISTIAN SCHOOL  
EMERGENCY MEDICAL AUTHORIZATION**

I, \_\_\_\_\_, being the parent/guardian of \_\_\_\_\_ 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Information:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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FOR NOTARY USE ONLY

My commission expires: \_\_\_\_\_

Subscribed and sworn before me, \_\_\_\_\_, this date \_\_\_\_\_

\_\_\_\_\_  
Notary Signature