

WEST MEADOWS BAPTIST ACADEMY
MEDICAL AUTHORIZATION

In the event of a medical emergency during the 2017-2018 school year, I authorize any staff member of West Meadows Baptist Academy to take my child, _____ to the nearest medical facility. I understand the school staff will make every effort to contact me before transporting my child for medical treatment. In the event that neither my spouse nor I can be reached, or if my child is out of town where it would take time for me to get to the place of treatment, I authorize the medical personnel (doctors, surgeons, nurses, etc.) to administer treatment and/or medication that may be necessary to maintain the health of my child.

Parent/Legal Guardian

Notary

Date

Emergency Contact: _____

Insurance Company: _____

Policy Number: _____ Primary Insured: _____

Allergies or important medical facts doctors would need to know:

