

CONSENT FOR EMERGENCY TREATMENT

I hereby give permission for a qualified staff member at *KingdomWay Christian Academy* to give my child/children _____ temporary emergency treatment or legal medication until further assistance arrive. I also give my permission for my child/children to be transported by ambulance, aid car, or staff car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

In case of emergency and if emergency transportation is needed,
I _____ agree to pay all costs of transportation.

Child's physician: _____

Physician's address: _____

Preferred hospital: _____

Hospital address: _____

Clinic or Hospital phone number: _____

Medical insurance: _____

Insurance numbers: _____

Date of last tetanus (or DPT): _____

Allergies: _____

Father's name: _____

Father's signature: _____ Date: _____

Mother's name: _____

Mother's signature: _____ Date: _____