



**NORTH CLACKAMAS
CHRISTIAN SCHOOL**
faith · family · foundation · est 1973

EMERGENCY MEDICAL AUTHORIZATION & PERMISSION TO PARTICIPATE

_____/_____/_____
SCHOOL YEAR

Student's Name _____	Grade _____	DOB _____
Student's Name _____	Grade _____	DOB _____
Student's Name _____	Grade _____	DOB _____
Student's Name _____	Grade _____	DOB _____

Home Phone _____ Father's Cell Phone _____ Mother's Cell Phone _____

Other emergency contacts:

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Part I - Permission to Participate

I/We hereby give permission for the above named student(s) to go on scheduled field trips, other school activities, and participate in school sports and related activities.

_____ Date _____ Parent/Guardian Signature

Part II - To Grant Consent

In the event reasonable attempts to contact me or other parent/guardian have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist named below, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to the preferred hospital named below or any hospital reasonably accessible.

Doctor's name _____ **Doctor's number** _____

Dentist's name _____ **Dentist's number** _____

Preferred Hospital _____

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

_____ Date _____ Parent/Guardian Signature

Part III - Refusal To Consent

I/We do **not** give my/our consent for emergency medical treatment for my/our child. In the event of illness or injury requiring emergency treatment, I/we wish the school authorities to take no action or to:

I/We hereby relieve the school of any responsibility with regards to the results (physical or life bearing) of this refusal of consent.

_____ Date _____ Parent/Guardian Signature