GRACE
CHRISTIAN SCHOOL

Emergency Medical Authorization Form

Should my child, _____, suffer an injury or illness while in the care of Grace Christian School (GCS) and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

I (We) agree to keep GCS informed of changes in telephone numbers, cell phones, etc. where I (we) can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Physician's Name: _____

Physician's Phone Number: _____

Address of Physician: _____

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):_____

_____

_____

_____

Student's Date of Birth: _____ Phone Number:_____

Parent/Legal Guardian's Name (Print): _____

Parent/Legal Guardian's Signature: _____ Date: _____