

GRACE ACADEMY  
EMERGENCY MEDICAL TREATMENT AUTHORIZATION

It is necessary for us to have, on file, a clear statement of permission for emergency medical treatment. There are times of injury or sudden illness where medical treatment is needed and we cannot always reach parents. This will allow us to transport your child to the emergency room and begin treatment while we continue to seek to contact you, the parents.

Thankfully the Lord has been gracious to us over the years and no serious consequences have occurred. We pray for God's continued protection upon us and pray that this permission will not be needed.

Please sign and return this form to the office to keep on file. This form needs to be filled out each year.

I give permission to Grace Academy to seek emergency medical treatment for my child,

\_\_\_\_\_, (when under school supervision) any time during the school year.

Parent's or Legal Guardian's Name: (Please Print)

\_\_\_\_\_

Signature

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