

TO: Association for Christian Education (called The School) - 3040 Ridge Road, Highland, IN 46322

SCHOOL MEDICAL AND DENTAL CARE AUTHORIZATION

The undersigned; parent or guardian of _____ hereby agrees that if the above named child experiences a physical emergency during school hours or during extra-curricular activities of The School and the undersigned cannot be reached immediately for instructions, the undersigned hereby authorizes any chaperone, leader or member of the faculty of The School to call and/or arrange for transportation of the child to a clinic or hospital, to treat said above-named child.

The undersigned hereby releases the said chaperone, leader or member of faculty of The School from any and all liability in case of accident or injury during said school hours and extra-curricular activities. It is further understood that the undersigned will pay for any emergency transportation and for any subsequent emergency care of said child.

SIGNED _____
(Parent or Guardian)

Dated _____

Family Doctor _____

Phone _____

Number to call in emergency:

Parent/Guardian _____

Phone _____

Parent/Guardian _____

Phone _____