

2010-2011 School Year

**THE KING'S CHRISTIAN ACADEMY**

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## **AUTHORIZATION FOR MEDICAL TREATMENT**

*To be completed by parents of applicant*

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Please Complete One per Child)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I do hereby certify that I am the natural parent or legal guardian of the above named minor child, who is attending The King's Christian Academy.

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

*In the event that either parent or guardian of the above named child is not immediately available:*

I/We hereby authorize any qualified member of a hospital emergency room (Armed Forces or private), or rescue squad to render any required first aid treatment that they believe is necessary for the above named minor dependent.

I further authorize the above named medical personnel to perform treatment which includes all types of minor surgery, cleansing of wounds, minor incisions and suturing when necessary in the opinion of the person rendering the treatment, and the person rendering the treatment is professionally qualified to perform such acts, but I restrict the granting of major surgery until I have executed a special release for that specific surgery.

This limited power of attorney is given until my dependent has reached the legal age of consent or until I revoke this document.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

This child is allergic to: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Name of Insurance Policy: \_\_\_\_\_