

Keller Christian School

Medical Authorization Form

In the event of an emergency, your child can only be treated without your consent if a physician determines that your child's health or life is at risk. If your child needs unexpected treatment, other authorized parties must present this document to your physician, dentist, or hospital representative.

Being the parent or legal guardian of the child named below, I, _____, do hereby appoint Keller Christian School to act on my behalf in authorizing medical, dental, surgical care and or hospitalization for my child while he/she is participating in Keller Christian School activities. I also release Keller Christian School and its staff from any liability for any illness or injury to the below named child.

This document shall be presented to a physician, dentist, or appropriate hospital at such time as it may be required.

Child's Name: _____ DOB: _____

Allergies: _____

Current Medications: _____

Any health conditions or concerns: _____

Emergency Contact #1

Name: _____ Phone: _____

Relationship to child: _____ Alt Phone: _____

Emergency Contact #2

Name: _____ Phone: _____

Relationship to child: _____ Alt Phone: _____

Emergency Contact #3

Name: _____ Phone: _____

Relationship to child: _____ Alt Phone: _____

Insurance Information

Insurance Company: _____

Policy Number: _____ Group Number: _____

Policy Holder: _____

Child's Doctor: _____ Phone Number: _____

Parent/Guardian Signature

Date