

Consent for Emergency Medical Treatment

I do hereby give authority to The Brick Church School Staff to obtain necessary emergency medical treatment for my child _____, with the understanding that the family will be notified as soon as possible.

Relationship

Signature

Date

If possible, I prefer my child to be taken to the emergency room at _____ hospital.

Special Health Conditions: _____

If you are not at home when your child is in school, please keep your cell phone on.

Cell phone # _____