

91ST PSALM CHRISTIAN SCHOOL
2020 EAST BASELINE ROAD, PHOENIX, AZ 85042
602-243-1900

EMERGENCY MEDICAL AUTHORIZATION FORM

Student's full name: _____ sex: _____

Home address: _____ City _____, AZ

Zip Code _____ Home phone: _____ Birth Date: _____

Father's/Guardian's name: _____ Home #: (if different) _____

Home address: (if different) _____ City _____, AZ

Cell phone #: _____ Business Phone #: _____ Ext: _____

Mother's/Guardian's name: _____ Home #: (if different) _____

Home address: (if different) _____ City _____, ST _____ Zip _____

Cell phone #: _____ Business Phone #: _____ Ext: _____

In case of an emergency (and parent cannot be reached) notify:

Name _____ Home #: _____ Work #: _____

Cell #: _____ Relationship to student: _____

Name _____ Home #: _____ Work #: _____

Cell #: _____ Relationship to student: _____

Insurance Company: _____

Policy #: _____ Group #: _____ Phone #: _____

List any restrictions or specifications regarding your child's medical history (allergies to medications, etc.) to be provided for hospital or doctors.

I hereby grant authority and/or permission for emergency treatment of my child: _____ which might be required at any time for his/her health and safety in my absent.

Parent/guardian Signature: _____ Date: _____

*****MUST BE NOTARIZED*****

Signed and sealed this _____ day of _____, _____

My commission expires: _____ Notary Public: _____