

Emergency Medical Release

Authorization form for emergency medical care

I, _____, hereby give my permission to Aspen Creek Academy to call a doctor for medical or surgical care for _____, should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action will be taken, but if this is not possible the expenses of emergency medical treatment or care will be accepted by me.

Child's Name (Please Print): _____ Date of Birth: _____
Parent/Guardian's Name: _____ Date: _____
Parent/Guardian's Signature: _____ Date: _____