

Parent/Guardian

Emergency Medical Care Authorization

2011-2012 School Term

This will verify that I, \_\_\_\_\_,

the parent/guardian of \_\_\_\_\_,

Do hereby voluntarily give my consent to Faith Elementary and Middle School to order or perform appropriate medical care or treatment for my child named above. Further, I attest by my signature below that I am both legally authorized to grant said permission and do by my legal signature hereby grant permission.

Disclosure Note On My Child's Health:

---

---

---

---

**Signature of Parent or Guardian** \_\_\_\_\_

**Date of Parent Guardian Signature** \_\_\_\_\_