

Genesee Christian School

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR DEPENDENT

I (we) _____ and _____ of _____,
(first name) (first name) (last Name) (city)
_____ County, Michigan do hereby state that I am (we are) the (natural parent(s))
(county)
(legal guardian(s)) having legal custody of _____ a minor, age _____,
(child's name) (age)
born _____ who resides with me (us) at _____,
(date) (address, city, state)

I (we) authorize | **Mr. Richard Wright** | who is a teacher at Genesee Christian School at 1223 S. Belsay Road, Burton, MI 48509

to consent to any X- ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice when the need for such treatment is immediate and efforts to contact me (us) are unsuccessful. I (we) will not hold Genesee Christian School and/or its staff is responsible for any accidents or mishaps to my child during the trip.

Dated the _____ day of _____ 20_____.

Emergency Contact

I authorize Genesee Christian School and/or its staff to contact the person(s) listed below when efforts to contact me have been unsuccessful.

Name	Relationship	(_____)	Phone Number
*** _____ (Signature of parent or guardian)		(_____)	*** _____ (home phone)
		(_____)	_____ (cell phone)
		(_____)	_____ (work phone)

INSURANCE INFORMATION

Company: _____

Address: _____

Name in which policy is listed: _____

Home address of subscriber (if different than parent or guardian)

Child's Doctor: _____ Phone: (_____) _____

Child's Allergies (if any): _____

Medications child is currently taking (name and amount): _____

