

Wildwood Christian Academy
EMERGENCY MEDICAL AUTHORIZATION

Should _____, whose birthday is _____
Name of Child Date of Birth

suffer a serious injury or illness while at Wildwood Christian Academy or on any field trip or away at any event off the campus of Wildwood Christian Academy and should the person or persons in charge be unable to contact the undersigned immediately, Wildwood Christian Academy or the person(s) in charge of my child shall be authorized to secure such medical attention and care for my/our above named child as may be or appear necessary at that time. In the event emergency medical attention is necessary, the undersigned understand that the child may be transported to a hospital or clinic for treatment and the undersigned agree to pay all charges incurred for such treatment. The undersigned agree to keep Wildwood Christian Academy informed of changes in our telephone number(s) and contact information.

Wildwood Christian Academy agrees to keep me/us informed of any incidents requiring professional medical attention involving my/our child.

This Authorization is to be read in conjunction with and not in lieu of any Student Activities General Agreement Release and Waiver form for my child on file, which remains in full force and effect and is incorporated herein and made a part hereof.

Our child's primary source of health care is

Physician/Clinic Name Telephone Number

Known medical conditions (i.e.) diabetic, asthmatic, drug allergies:

Signature of Parent/Guardian Date Telephone Number