



# School Emergency Authorization Form

**I hereby** authorize the Rock County Christian School to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician, called by the Rock County Christian School may treat and perform whatever medical procedure is necessary for the health and well being of my child.

**It is** understood that a conscientious effort must be made to notify me (parents) before such action will be taken.

**I hereby** consent to have my child participate in field trips and activities supervised by the staff - away from the school grounds.

Your signature grants permission for the additional contacts listed below to remove your child from school if needed for illness or injury. You may also give permission on the day of the incident for others to remove your child.

**#1 Primary Contact:** \_\_\_\_\_  
(other than parent) Name/Address Home Phone Work Phone Relationship

**#2 Alternate Contact:** \_\_\_\_\_  
(other than parent) Name/Address Home Phone Work Phone Relationship

\_\_\_\_\_  
Parent/Guardian Signature Date

**Medication:** **I hereby** authorize Rock County Christian School to administer the following non-prescription medication to my child as needed and not to exceed the recommended dosage according to instructions:

**Allergies:** Rock County Christian School needs to be aware of the following items that my child is allergic to:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***In case of medical emergency 911 will be called***  
**Continue on other side.**

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