

Providence Christian Academy

Home of The Heart Changer 4258 Burrough Drive, Suite 300, Warrenton, VA 20187 (Tel) 540-349-4989 www.pcalions.org



Preparing Minds for Action, Lives for Service (1 Peter 1:13)

Authorization for Emergency Treatment

Parent/Guardian Street Address, Apt. # City State ZIP Home Phone Work Phone Cell Phone Emergency Contact Name Relationship to Child Emergency Contact Phone #	I,	, hereby aut	horize staff n	nembers of Provider
child,	Christian Academy to transport m	y child to a medical fa	cility or to ac	company said child
CHILD'S LAST, FIRST AND MIDDLE NAME DOB SSN CHILD'S ALLERGIES CHECK IF NONE CHILD'S PHYSICIAN TEL MEDICATIONS CHILD IS TAKING CHECK IF NONE LAST TETANUS INJECTION MEDICAL HISTORY & IMPERATIVE INFORMATION Parent/Guardian Name Insurance Company Insurance Policy Holders Name ID/Policy Number Group Number Insurance Company Street Address City State ZIP Parent/Guardian Street Address, Apt. # City State ZIP Home Phone Work Phone Cell Phone Comergency Contact Name Relationship to Child Emergency Contact Phone #	ambulance. I further authorize ar	ny physician member o	f these facilit	ies to render medic
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CHILD'S ALLERGIES CHECK IF NONE CHILD'S PHYSICIAN TEL	child,		•	
CHILD'S ALLERGIES CHECK IF NONE CHILD'S PHYSICIAN TEL				
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Emergency Contact Name Relationship to Child Emergency Contact Phone #				
	Home Phone W	ork Phone	Cell Phone	
	Emergency Contact Name	Relationship to Child	Relationship to Child Emergency Contact	
Employer Supervisor's Name		_	- •	
	Employer	Supervisor's Name		
Print Parent/Guardian Name Parent/Guardian Signature Date		Parant/Guardian Signatura		Data