



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

I, _____, hereby authorize staff members of Providence Christian Academy to transport my child to a medical facility or to accompany said child by ambulance. I further authorize any physician member of these facilities to render medical treatment, which in their judgment may be deemed necessary in the care of my 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 _____

Emergency Contact Name _____ Relationship to Child _____ Emergency Contact Phone # _____

Employer _____ Supervisor's Name _____

Print Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____