



Providence Christian Academy

6872 Watson Court, Warrenton, VA 20187

Phone: 540-349-4989 | 571-332-4710

Website: www.pcalions.org | E-mail: <mailto:info@pcalions.org>

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 _____

CHILD'S PHYSICIAN _____ TEL _____

MEDICATIONS CHILD IS TAKING _____

LAST TETANUS INJECTION _____

MEDICAL HISTORY & IMPERATIVE INFORMATION _____

Parent/Guardian Name _____ Insurance Company _____

Insurance Policy Holders Name _____ Identification / Policy Number _____ Insurance 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 _____

Print Witness Name _____ Witness Signature _____ Date _____