



# 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 \_\_\_\_\_

CHILD'S PHYSICIAN \_\_\_\_\_ TEL \_\_\_\_\_

MEDICATIONS CHILD IS TAKING \_\_\_\_\_

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 \_\_\_\_\_