

Olathe Christian School

12030 Hedge Lane Ter•Olathe, KS 66061•Office (913) 829-0074

Emergency Medical Care Authorization

In order to meet all legal requirements, I hereby authorize Olathe Christian School and/or Daycare to give consent for any and all necessary emergency medical care for my child _____ while said child is in said individual's custody.

Signature of parent or guardian

Printed name of parent or guardian

Name of your physician

Phone

Physician's Address

Health Insurance Company

Policy/Program/Card/ID #

Hospital preference

Current Medications

Drug allergies

Last Tetanus Toxoid

Special Medical Conditions

NOTARY PUBLIC

State of Kansas

County of Johnson

The above-signed authority, _____, known to be the person whose name is subscribed before me, on this day personally appeared (or is personally known) this _____ day of _____, 20____.

Notary's Signature

Notary's Seal