



ORANGE CITY  
CHRISTIAN SCHOOL

# OCCS Cubs Care & Friday Care

## Emergency Medical Treatment Authorization

Permission for medical care in parental absence.

Child's Full Name:

Child's Birth Date:

I, \_\_\_\_\_ parent or guardian of the child named above give my permission to Orange City Christian School, child care provider to secure and authorize such emergency medical care and treatment as my child might require while under the Provider's supervision. I also authorize the Provider to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

**NOTE: Every effort will be made to notify parents immediately in case of emergency.** In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian:

Address:

Phone #:

Name of Parent or Legal Guardian:

Address:

Phone #:

Doctor:

Doctor's Address:

Doctor's Phone #:

Preferred Hospital to Contact:

Dentist:

Address:

Phone:

Persons to be contacted in emergency if the parents are unavailable:

Name:

Phone #:

Relationship:

Name:

Phone #:

Relationship:



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Present medication(s):

Known allergies:

Date of last tetanus:

Insurance:

Religious Preference:

Father's Signature:

Date:

*(When you type your name in the designated box, this action acts as your official digital signature, signifying your agreement to the terms).*

Mother's Signature:

Date:

*(When you type your name in the designated box, this action acts as your official digital signature, signifying your agreement to the terms).*