

# Emergency Authorization Form

I hereby give my consent to the Centennial Christian Learning Center to call Dr. \_\_\_\_\_ at the following number \_\_\_\_\_, or take my child to a hospital emergency room for medical or surgical care should any emergency arise where such service is indicated. I understand that the cost of this care will be paid by me.

It is understood that a conscientious effort will be made to notify me before such action is taken if time permits.

I understand that the school will contact me or the names I have designated on the enrollment application form to be called for emergencies if we can be reached and if time permits.

In order to meet all legal requirements, I hereby authorize an acting representative of Centennial Christian Learning Center to give consent for any and all necessary emergency medical care for my child(ren) named

\_\_\_\_\_ while said children is (are) in the school's care.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_