

EMERGENCY TRANSPORTATION AUTHORIZATION AND EMERGENCY MEDICAL CARE

Child's Name	Mother's Name	Father's Name
Home Address	Home Address, City, State, Zip	Home Address, City, State, Zip
City, State, Zip	Telephone Number ()	Telephone Number ()
Telephone Number ()	Employer Address	Employer Address
	Employer Telephone Number ()	Employer Telephone Number ()

If not at home or work, give other telephone number where parents can be reached:

Mother: ()

Father: ()

PEOPLE TO CONTACT IN EVENT OF EMERGENCY, if parent cannot be contacted:

Name	Name
Street Address	Street Address
City, State, Zip Telephone Number ()	City, State, Zip Telephone Number ()

MEDICAL PROVIDERS:

Name of Physician or Medical Clinic	Name of Dentist or Dental Clinic
Street Address	Street Address
City, State, Zip Telephone Number ()	City, State, Zip Telephone Number ()

Part I - PERMISSION TO TRANSPORT CHILD *(Fill in either PART I or PART II, not both)*

I grant Holy Trinity Orthodox Christian Academy permission to transport my child, _____
to (hospital, clinic) _____ for emergency medical care or
to (dentist, dental clinic) _____ for emergency dental care or
to the nearest available source of assistance.

Parent or Guardian Signature _____ Date: _____



Part II - REFUSAL TO GRANT PERMISSION TO TRANSPORT CHILD

I do *not* give Holy Trinity Orthodox Christian Academy permission to transport my child, _____
for emergency medical or dental care. In the event of illness or injury which requires
emergency medical or dental care, I wish the following action be taken:

Parent or Guardian Signature _____ Date: _____