

**Murphy Adventist Christian School  
1584 Old Ranger Road  
Murphy, NC 28906  
(828) 837-5857**

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

**2019-2020**

I / We \_\_\_\_\_ authorize  
parent or guardian

Murphy Adventist Christian School to obtain emergency dental or medical care for our child/children:

<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>SEX</b>
		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent (s).

Home Address \_\_\_\_\_  
\_\_\_\_\_

Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Please list any medical concerns or allergies: \_\_\_\_\_