

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

CONSENT FOR EMERGENCY MEDICAL TREATMENT

2018-2019

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

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

NAME	DATE OF BIRTH	SEX
		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: \_\_\_\_\_