

CHICAGO S.D.A. CHRISTIAN SCHOOL
Emergency Agreement /Authorization
2018 – 2019 SchoolYear

Student's Name _____ Grade _____

Parent/Guardian's Name: _____

In case of accident or serious illness, I, request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary, including taking my child to the hospital for emergency treatment.

Medical Condition

Allergies: _____

Other Conditions/Remarks: _____

Medication(s): _____

Physician's Information

Physician Name: _____

Address: _____

Telephone: _____

Signature of Parent/Guardian