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

CONSENT FOR EMERGENCY MEDICAL TREATMENT

School Year _____

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 ☐ FEMALE ☐
		MALE ☐ FEMALE ☐
		MALE ☐ FEMALE ☐
		MALE ☐ FEMALE ☐
		MALE ☐ FEMALE ☐

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:_____