MACS grades Pre-K/K & 1-12 School Year _____

Christian School to obtain emergency dental or medical care for our child(ren). This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependant(s). If grant permission to use pictures of my child/ren for purposes connected with our school such as a school newspaper or public relation articles in local newspapers. Child's Name Date of Birth Child's Name Date of Birth Parent's Signature Date Home Phone Work Phone Cell Phone Location Where You Can Be Reached List any allergies or directions	⊥,		ze Murpny Adventist
Child's Name Date of Birth Child's Name Date of Birth Parent's Signature Date Home Phone Location Where You Can Be Reached	Christian School to obto our child(ren). This car	ain emergency dental o e may be given under w	whatever conditions
Child's Name Date of Birth Parent's Signature Date Home Phone Work Phone Cell Phone Location Where You Can Be Reached	connected with our scho	ool such as a school ne	• •
Parent's Signature Date Home Phone Work Phone Cell Phone Location Where You Can Be Reached	Child's Name		Date of Birth
Home Phone Work Phone Cell Phone Location Where You Can Be Reached	Child's Name		Date of Birth
Location Where You Can Be Reached	Parent's Signature		Date
	Home Phone	Work Phone	Cell Phone
_ist any allergies or directions	Loc	ation Where You Can Be Reached	
	List any allergies or dire	ections	