

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

I, _____, authorize Murphy Adventist
Parent or Guardian

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).

I 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 _____
