

**AUTHORIZATION**

I/We do further authorize any physician or hospital to render medical care and treatment that may be needed to care for my child without our specific permission or authorization.

*Parent and/or Guardian: If there are any specific considerations that should be taken into account before rendering medical care or treatment, please complete a statement of explanation.*

---

---

---

---

---

|           |       |
|-----------|-------|
| Physician | Phone |
| Address   |       |

|            |        |        |
|------------|--------|--------|
| Home Phone | Mother | Father |
| Work Phone | Mother | Father |
| Cell Phone | Mother | Father |

I/We give permission for school personnel to take my child home if necessary

Directions to home from school *(may insert computer generated map)*

---

---

---

---

---

---

---

Parent and/or Guardian Signature    / \_\_\_\_\_