

**EMERGENCY TREATMENT AND AUTHORIZATION FORM**

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital: \_\_\_\_\_

Known allergies: \_\_\_\_\_

\_\_\_\_\_

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Persons to be contacted in an emergency IF PARENTS CANNOT BE REACHED.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**In case of an emergency if the parent or guardian cannot be reached:**

**I GIVE COUTS CHRISTIAN ACADEMY A MINISTRY OF COUTS MEMORIAL UNITED METHODIST CHURCH PERMISSION TO ADMINISTER FIRST AID AND/OR EMERGENCY TREATMENT AT A HOPITAL AS NECESSARY.**

Parent/Guardian

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ TX. Zip code \_\_\_\_\_