

**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.*

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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)*

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