



# Alpharetta Presbyterian Dayschool

180 Academy Street - Alpharetta, Georgia 30009

(770) 751-3862

www.APCDayschool.com



## Emergency Treatment Consent IF PARENTS CANNOT BE REACHED

Name of child: \_\_\_\_\_

1<sup>st</sup> **Non-Parent** Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (cell)

2<sup>nd</sup> **Non-Parent** Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (cell)

Child's Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*I, the undersigned, do hereby authorize representatives of the Alpharetta Presbyterian Dayschool to contact directly the persons named on this form, and do authorize such treatment as may be necessary in an emergency, for the health of said child.*

*In the event parents cannot be contacted, the school representatives are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforementioned child.*

*I hereby promise and agree to hold Alpharetta Presbyterian Church Dayschool free and harmless of and from all claims and suits brought by or on behalf of said child for or on account of emergency care and/or transportation of said child.*

Parent Name (please print) \_\_\_\_\_

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