



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Child's Name:
Medications:
Allergies:
Medical Conditions:
Physician's name and phone number:
Emergency Contact and Phone Number:
Insurance Carrier and Policy No:

I, _____, parent, guardian, or student hereby give consent and authorization the Linas Lithuanian Heritage School of Seattle, WA to secure EMERGENCY medical treatment and attention necessary for the sole benefit of my child or myself. I understand that might involve taking the child to the nearest emergency clinic or hospital or calling paramedics and may require my child or myself securing emergency medical and surgical treatment. I will be responsible for emergency medical charges upon request of statement.

Signature _____

Date _____