

NOAH'S ARK CHRISTIAN ACADEMY
EMERGENCY MEDICAL/DENTAL CONSENT FORM

I, _____ (Mother, Father or Guardian)
of _____, age _____, do hereby give my permission and
such emergency medical or dental care and/or treatment as my above named child might require while
under NACA supervision. Center team members may take steps including any or all of the following if
they believe an emergency situation exists:

1. Call an ambulance and have child taken to emergency unit of a hospital.
2. Call the child's physician or dentist.
3. Call another physician or dentist.

In the case of emergency, every effort will be made to notify parents and to contact the child's physician
or dentist immediately. If it is necessary to transport or have the child transported to a hospital, we will
take the child to the nearest hospital or to the child's physician or parent. I agree to pay all the costs and
fees for any emergency medical care or treatment for my child as secured or authorized under this
consent.

The following will be called in case of an emergency:

Child's physician: Name _____
Address _____ Phone _____

Child's dentist: Name _____
Address _____ Phone _____

Child's Hospital: Name _____
Address _____ Phone _____

Mother/Guardian's Name _____ Phone _____

Father/Guardian's Name _____ Phone _____

Relatives or friends who may be contacted for assistance or information in case of emergency. (Should
also be listed on the pick-up permission form)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Insurance Carrier: _____

Allergies, medication, or other conditions pertinent to emergency care:

Other Medical Conditions: _____

Signature of Parent or Guardian

Date