



Medical Treatment Authorization
(Required for Students Under 18 Only)

In the unlikely event that my child/ward, _____, should become injured during the class of instruction in which he/she is enrolled, I hereby authorize medical treatment to be provided as is deemed necessary by the attending physician.

If an emergency should occur, I can be reached at:

Emergency Phone Number: _____

Signature of Parent/Guardian:

_____ **Date:** _____

Printed Name: _____ **Relationship:** _____