



B B & C Christian Academy
1520 West Avery Street
Pensacola, Florida, 32501
(850) 435-6943

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency at which time I cannot be reached, I give consent for school staff to seek Medical or dental care for my child, including transporting by ambulance if the situation warrants.

Child's Name: _____

Physician's Name: _____ Phone Number: _____

Hospital Preference: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Medical Insurance covering child: _____ Policy # _____

ALERT: My child has the following allergies: _____

Parent/Guardian Signature: _____

Two (2) Non-Family Witness to Signature (Signed in **BLACK INK ONLY**)

1. _____ 2. _____