



CONSENT FOR EMERGENCY TREATMENT

I hereby give permission for a qualified staff member at Main Street Academy LLC, may give my child/children _____ . I also give my permission for my child/children to be transported by ambulance, aid car, or staff car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

In case of emergency and if emergency transportation is needed, I _____ agree to pay all costs of transportation.

Child's physician:

Physician's address:

Preferred hospital:

Hospital address:

Clinic or Hospital phone number:

Medical insurance:

Insurance numbers:

Date of last tetanus (orDPT):

Allergies:

Father's name:

Father's signature:

Date: _____

Mother's name:

Mother's signature:

Date: _____