



Authorization For Emergency Medical Care

It is North Star Academy's policy to call 911 for all medical emergencies and make arrangements for emergency medical care. If the parent/legal guardian can not be reached to make other arrangements for _____
 (Full Legal Name) at the time of the incident I _____
 (Parent/Legal Guardian) accept the arrangements made by emergency medical personnel.

I also give my permission for North Star Academy to notify the Doctor, Hospital, and or Clinic listed below.

<p><i>Doctor's Name:</i></p>	<p><i>Doctor's Phone Number:</i></p>	<p><i>Doctor's Address:</i></p> <hr/> <p>Street</p> <hr/> <p>City Zip</p>
<p><i>Hospital/Clinic Name:</i></p>	<p><i>Hospital Phone Number:</i></p>	<p><i>Hospital Address:</i></p> <hr/> <p>Street</p> <hr/> <p>City Zip</p>

I give consent for necessary emergency treatment when my child is in the care of this Doctor, Hospital, or Clinic.

_____ *Parent or Legal Guardian Signature* *Date*

_____ *North Star Director/Owner Signature* *Date*

* Please note: It is the Parent's/Legal Guardian's responsibility to update this information.