

AUTHORIZATION FOR EMERGENCY CARE

Child's Last Name (Legal)	First	M.I.	Birthday	Grade
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Address	Apt. No	Home Phone
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City	State	Zip Code
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Father's Name	Where Employed	Work Phone
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Mother's Name	Where Employed	Work Phone
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1. In case the service of a physician is required before either parent can be reached by phone, you are hereby authorized to call the following physician. I also authorize clinic personnel to contact my child's physician when necessary for information concerning my children.

Name of Doctor	Address	Email	Phone Number
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2. In case this child becomes seriously ill or is injured and neither parent can be reached by phone, please notify one of the following (local phone numbers only):

Name	Address	Email	Phone Number
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Name	Address	Email	Phone Number
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3. The Mesquite Fire Department provides emergency ambulance service. There is a fee charged only if the paramedics transport the child in the ambulance. I shall assume all responsibility for the payment of such services.

For your child's safety, please notify the school of any home or work phone number changes.

4. Special problems, information or instructions you feel the school should be aware of:

I hereby release Mesquite Friendship Christian Academy (MFCA) and its Board of Trustees, principal, employees and servants from any and all liability, damages, or claims resulting from such student being allowed to travel and/or participate in school-approved fieldtrips, and I agree to hold them harmless from any damages or claims which might arise from injuries of any act of omission on the part of MFCA, other than negligence in the pursuant of Article 6252-19 of Texas Tort Claims Act and section 21.192 of the Texas Education Code, as a result of such trip activity.

In the event that the above named student should, for any reason, require any minor medical or surgical treatment and/or medication while participating in approved field trip activities, I authorize the hospital and its medical staff to administer treatment as deemed necessary by them for the well-being of said student. It is understood, however, that if the hospitalization or treatment of a more serious nature is required, I will be contacted for permission.

I have read and understand the above, and I freely give my consent and permission of all things contained herein.

Student Name: _____ Enrolling Grade: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE NOTE: This form is to be completed EVERY SCHOOL YEAR by the parent/guardian, returned to the Administrative Office and remain a part of the student's permanent record folder for current school year.

Please return this referral directly to the Mesquite Friendship Christian Academy Admissions Office at 680 E. Highway 80 Mesquite, TX 75149 • Phone 972-329-5030 • Fax 972-329-7814 • www.mesquitefriendshipca.com.