

Non-Academy Families
EMERGENCY CONSENT FORM

I, _____, the parent or legal guardian of (please list all children testing and in the Nursery):

give the Home Schoolers' Academy Director permission to seek medical help in the case of an emergency on April 9th and 11th, 2018.

Parent/Legal Guardian Signature

Date

Physician Name and Address:

Hospital Choice:

Emergency Contact Name:

Emergency Cell Number: