



Emergency Medical Care Authorization

Child's Full Legal Name (Please Print): _____

It is the policy of the North Star Academy LLC to call 911 for all medical emergencies and make arrangements for emergency medical care. If the parent/legal guardian cannot be reached to make other arrangements for the above listed child at the time of the incident, I hereby accept the arrangements made by the emergency medical personnel.

I also give permission for the North Star Academy LLC to notify the medical personnel listed below:

Doctor's Name: _____

Doctor's Phone : () _____ - _____ Fax : () _____ - _____

Doctor's Address: _____

Doctor's City/State/Zip: _____

Hospital/Clinic Name: _____

Hospital/Clinic Phone : () _____ - _____ Fax : () _____ - _____

Hospital/Clinic Address: _____

Hospital/Clinic City/State/Zip: _____

Additional Information: _____

I hereby give consent to the North Star Academy for necessary emergency treatment for my child and to contact the above listed medical personnel.

Printed Legal Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of North Star Academy LLC director or owner: _____ Date: _____