

**MACLAY SCHOOL
EMERGENCY TREATMENT AUTHORIZATION CARD**

I, _____ hereby approve emergency treatment by the hospital and/or physician
Parent/Guardian for my child _____

I will assume financial responsibility for bills incurred through my insurance company.

Insurance Co.

Policy Number

Address

Sig. Parent/Guardian

Home Address

Telephone Number

STATE OF FLORIDA COUNTY OF _____
Sworn to and subscribed before me this _____ day of _____ 20____

Signature of Notary State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)
Personally Know OR Produced Identification
Type of Identification Produced _____
Commission Expiration _____

My child is allergic to the following medications or has the following allergies: _____

Date of last tetanus shot _____

Indicate whether your child has had any serious injuries. If so, please state:

