

# Northwest Christian High School

## 2016-2017 LIMITED POWER OF ATTORNEY FOR EMERGENCY MEDICAL CARE

### TO WHOM IT MAY CONCERN:

I \_\_\_\_\_ (the natural parent or legal guardian)  
Print

hereby give permission that my child, \_\_\_\_\_  
First Middle Last  
may be given emergency treatment to include first aid and CPR by a qualified emergency medical or first aid caregiver. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Name \_\_\_\_\_  
Signature Relationship Date

Witness \_\_\_\_\_ Date \_\_\_\_\_

*This lower section to be completed by NCHS or Host family*

### Emergency Phone Number:

**Mrs. Diana Downey, International Student Director 360-491-2966**

Student Host Address \_\_\_\_\_  
Number and Street City State Zip Code

Home (Host) Phone \_\_\_\_\_ Student's Birth date: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy/Membership Number \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Allergies \_\_\_\_\_