

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 _____