

Student's Name: _____

Birthdate: _____



MEDICAL TREATMENT WAIVER

I hereby give my consent and authorization for any representative of Park Row Christian Academy, in the event of a health-related emergency involving my child _____, to seek all medical care, while said child is in custody of the school. In the event such an emergency occurs on school premises, the child will be transported to Arlington Memorial Hospital. If an emergency occurs away from school premise, but under the guidance of school personnel, the child will be transported to the nearest medical facility.

This form must be notarized in order for it to be accepted by area hospitals and/or physicians.

Parent/Guardian's signature: _____ Date: _____
Please sign in front of a Notary, not in advance

Name of Notary _____ Date _____

For the County of Tarrant in the State of Texas. My commission expires on _____

Notary Signature _____