



Authorization and Consent for Treatment of Minor

In an event requiring medical emergency treatment, I hereby authorize Cedar Crest Academy to take whatever emergency measures they deem necessary for the protection of my child while under their care.

I further authorize and consent to medical, dental, surgical or other emergency treatment deemed necessary by a licensed physician or hospital to safeguard my child's health. I waive my right of informed consent to such emergency treatment by licensed medical personnel.

I understand that in an emergency, Cedar Crest will dial emergency personnel prior to contacting me. I give permission for my child to be transported by ambulance or other emergency aid transportation to receive emergency care. I will be responsible for all charges not covered by insurance.

Student Name

Date

Parent Signature

Parent Name