

Reidville Road Readiness Center
"Preparing Children for School and Life in A Christian Environment"

Medical Treatment Authorization

In the event that my child, _____ becomes ill or seriously injured and the parents and other contact persons cannot be reached, I give my permission for the Director of Reidville Road Readiness Center, or other personnel designated by the Director, to obtain medical treatment for my child. Reidville Road Readiness Center will not be held responsible for any medical costs. All medical costs will be the sole responsibility of the Parents. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician and other persons listed for emergency contacts.

In the event of an emergency, in which I cannot be reached, the physician listed here and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

In the event of an emergency, I authorize the transfer of my child's health records to the local hospital.

Date _____ Signed _____

Witnessed before me this _____ day of _____ 201__

Notary Public My commission expires: _____
Emergency Information:

Child's Physician _____ Phone _____

Address _____

Child's Dentist _____ Phone _____

Address _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Mobile Phone or Pagers _____

Another Authorized Adult _____ Phone _____

Address _____

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Permission for Field Trips, Photos and School Directory

I give permission for my child, _____

to participate in field trips planned and authorized by Reidville Road Readiness Center. Parents will be responsible for providing transportation to the field trip for their child.

Date: _____ Signed _____
(Parent or guardian)

I give my permission for my child to be included in evaluations, articles and pictures connected with the Readiness Center. This would include Facebook. No names or identifying information will be posted.

Date: _____ Signed _____
(Parent or guardian)

Please check the following information you would like included in the school directory: address _____, email _____, telephone _____. It will be on the Readiness Center share site to be viewed by parents only as well as paper copy upon request.