

**SOS ACADEMY CHARTER MIDDLE SCHOOL
EMERGENCY TREATMENT AUTHORIZATION CARD**

I _____ hereby approve emergency treatment by the hospital and/or physician
for my child _____.

I will assume financial responsibility for bills incurred through my insurance company.
.....A COPY OF HEALTH INSURANCE CARD FRONT AND BACK NEEDS TO ATTACHED.....

My child is allergic to the following medications or has the following allergies: _____

Date of last tetanus shot _____

Indicate whether your child has had any serious injuries. If so, please state:

Parent or Guardian Signature

Date