

**MEDICAL AUTHORIZATION** (must be updated annually)

Medical authorization for \_\_\_\_\_

(Student's name)

The undersigned, who are the parents or guardians having legal custody of the above-named minor hereby authorize Evergreen Academy, into whose care the above-named minor has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of applicable law, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a dentist licensed under the provisions of applicable law. Expenses incurred by said treatment will be the responsibility of the child's parents or guardian.

The undersigned further authorize this facility to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used ONLY in an extreme EMERGENCY, when said parents or guardians cannot be or are unavailable to be contacted.

**PERMISSION TO PARTICIPATE IN  
DAILY ACTIVITIES & FIELD TRIPS**

I hereby grant permission for my child to use all of the play equipment, indoors and outdoors, and participate in all of the activities of the center and to leave the center premises under the supervision of a staff member for walks, or for field trips in an authorized vehicle. Field trips are scheduled periodically. Dates of field trips can be found in monthly newsletters, on the office message board or from the office manager. Written notices will also be sent home immediately prior to field trips.

\_\_\_\_\_  
Mother/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Date