

GENERAL EMERGENCY AUTHORIZATION FORM
CHRISTIAN ACADEMY IN MOZAMBIQUE

School Year: _____ - _____

Christian Academy in Mozambique is authorized to administer emergency health care to my child(ren) _____;

I accept the school's commitment to use discretion and all due caution and care, and acknowledge that every possible safety precaution will be taken by staff and drivers to ensure the safety and health of the child(ren) being cared for.

In cases of severe emergency, Christian Academy in Mozambique and its duly authorized agents may make decisions relative to selection of appropriate care providers.

I absolve the Christian Academy in Mozambique from any liability with regard to any loss or damage to life or property incurred in the execution of their care giving.

This authorization also includes the administration of over-the-counter medications, such as aspirin or Tylenol, or other specified medications.

Exceptions include: _____

Signed: _____
Parents and/or Guardians

Dated: _____