

TANGIPAHOA PARISH PUBLIC SCHOOLS PERMISSION
FOR EMERGENCY TREATMENT

DATE _____

TO WHOM IT MAY CONCERN:

SAMPLE
SECURE ORIGINAL FROM
SCHOOL

_____ (Name of School) has my

permission to seek emergency medical treatment for (name of

child) _____ in the event I cannot be reached.

My child may be taken to the nearest medical facility in the event my doctor (doctor's

name) _____ (phone number) _____

is not available. In case of emergency I will be responsible for any bill incurred while receiving treatment and transportation.

Name of Parent or Guardian

Home Address _____

Home Telephone Number _____

Work Telephone Number _____

Emergency Number _____