

**Grace Temple Christian Academy**  
**Emergency Permission Statement**  
**Financial Responsibility Form**  
(Forms are combined for your Convenience)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
Medical/Accident Insurance & Number: \_\_\_\_\_  
Physician Name & Number: \_\_\_\_\_  
Hospital Choice (if available): \_\_\_\_\_  
Allergies: \_\_\_\_\_

The coach or his/her representative may on occasion, if indicated, administer the following over the counter medications:

**Circle Choices:** Aspirin, Tylenol, Throat/Cough Drops, Advil, Antacids, NONE

I, the undersigned, do hereby authorize officials of Grace Temple Christian Academy to contact directly the persons named in this document, and do authorize the named physicians, clinics, and/or hospitals to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event physicians, other persons named in this document, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. (Section 35.01, Texas Family Code)

I certify that I am the parent with legal control of the child, the child's legal guardian, or have other court ordered control of the child. I understand that it is my responsibility to contact Grace Temple Christian Academy if I wish to change any information on this form or to revoke any consent given herein.

I will not hold the school or its personnel financially responsible for the emergency care and/or transportation for said child.

I certify that I will be personally responsible for all charges, covered or not covered by insurance, related to necessary treatment.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date