

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

In the event that we cannot be reached at the time of illness or accident, or the emergency is such that time does not permit such contact, we authorize Riverbend Christian School to take our child named above to the closest adequate medical facility where a licensed physician may treat the child.

We also authorize reasonable emergency steps necessary to preserve the life or limbs of the child if otherwise qualified medical assistance is not available.

In the event of allergic reaction, we authorize the staff of Riverbend Christian School to administer Benadryl to our child.

**(This form must be signed in the presence of a notary and will be kept on file until August 2013. Only one parent signature required.)**

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_  
known to me to be the person(s) whose name(s) is/are subscribed above, and acknowledged to me that he/she executed the same for purpose therein expressed.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Signature of Notary Public