

Fellowship Christian Academy  
1 Fellowship Way  
Methuen, Ma. 01844  
(978) 686-9373

Emergency Medical Authorization  
& Transportation Permission

To Whom It May Concern:

I/We \_\_\_\_\_ authorize all school approved coaches or assistants to approve medical treatment in my /our absence for my/our child/children

\_\_\_\_\_ during the sports seasons of the current school year from July 1, 2016 - June 2, 2017.

I/We additionally agree to allow my/our child/children to be transported by any of the approved coaches and assistants, or their designated helpers, to and from athletic events.

\_\_\_\_\_  
Parents' Signatures

\_\_\_\_\_  
Date

Emergency Telephone # \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

He/she is allergic to the following medications: