Sandy Creek Central School District
Emergency Treatment Authorization Release

In the event that I cannot be reached, I authorize the school official in charge
to seek emergency care for my child ______________________ at
the nearest appropriate health care facility. I understand hospitals/emergency
rooms are unable to treat injured students without parental permission, and
therefore give permission for treatment of immediate and necessary care.

________________________________________
Date Parent/Guardian Signature Relationship to Student

Phone Numbers:
Home: ______________________
Work: ______________________
Emergency: ______________________
Other: ______________________

P.O. Box 248, 124 Salisbury Street, Sandy Creek, NY 13145 • (315) 387-3445, Fax (315) 387-2196