

NEWBRIDGE SCHOOL
12285 Oak Knoll Road
Poway, CA 92064
Phone 858-679-5744
Fax 858-679-5713

PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission to the administrators, faculty and agents of NewBridge School to take whatever steps may be deemed necessary to obtain emergency medical care for my child. These steps may include, but are not limited to, the following:

- Attempt to contact a parent or guardian
- Attempt to contact the child's physician
- Attempt to contact a parent or guardian through any of the persons listed on the Emergency Information Form
- If unable to contact a parent or guardian or the child's physician, the school will do any or all of the following:
 - call another physician
 - call an ambulance or paramedics (911)
 - have the child taken to an emergency hospital in the company of a staff member
- The school will not be responsible for anything that may happen as a result of inaccurate or incomplete information provided on the Emergency Information Form.

Parent's Name

Child's Name

Signature

Date