

Winchester Academy Medical Authorization Form

Medical Authorization for _____

The undersigned, who are parents or guardians having legal custody of the above-named minor, hereby authorize the Winchester Academy, in to whose care the above-named minor has been entrusted, to consent to any emergency treatment and care necessary to be rendered to the said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provision of the Medical Practice Act.

The undersigned further authorized the Winchester Academy to have the above-named minor released into custody of its representative, should hospital care no longer be required.

This form is to be used **ONLY** in an extreme **EMERGENCY**, when said parents or guardians cannot be or are unavailable to be contracted.

The Academy will notify the parent when the child becomes ill. The parent agrees to have the child picked up as soon as possible if so requested by the Academy.

Dated: _____

Parent or Legal Guardian _____



Winchester Academy

915 South Cameron Street

Phone (540) 542-1100
www.winchesteracademy.org