

BETHEL JUNIOR ACADEMY

2850 Ave F, Riviera Beach, FL 33404

TEL: (561) 881-0130 FAX: (561) 881-7098 www.betheljunioracademy.org

MEDICAL CONSENT

Child's Name _____

DOB _____ Sex _____

Social Security _____

Person to notify in case of Emergency or Illness:

Name _____

Phone: _____

Relationship: _____

I, _____ (Parent/Guardian) give Bethel Junior Academy medical emergency authorization to provide treatment for the above-mentioned child, effective _____ until June 20__.

Signed before me this _____ day of _____, 20_____.

Notary Public

Expiration date _____