



**bayarea**  
Christian School

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### **Permission to Treat**

In the event of an emergency, I hereby authorize Bay Area Christian School officials and agents to secure medical treatment for my child. I understand the student may be transported by ambulance to the nearest emergency care facility and that I will be financially responsible for the expenses incurred in such emergency care and/or transportation for said student. I agree to allow those listed in emergency contacts to assume temporary care in the event of illness or accident when a parent or primary guardian cannot be reached.