

The Titusville Academy

EMERGENCY MEDICAL TREATMENT RELEASE

(Please sign and return.)

In the event that my child, _____ (**Student Name**), requires emergency medical treatment, and I cannot be reached, I give The Titusville Academy permission to secure treatment as necessary.

In the event that such medical services are required, I understand that The Titusville Academy is not responsible for the costs and all medical expenses will be paid by me or the responsible persons legally assigned by the courts. Unless otherwise directed, the Capital Health System, Mercer Campus, Trenton, New Jersey (609- 394-6000) will be the emergency medical facility used.

Parent/Guardian Signature

Date

Emergency Telephone Numbers:

1st Contact: _____
Name

Phone Number

2nd Contact: _____
Name

Phone Number