Emergency Treatment Release Form

Release For Emergency Treatment
I hereby give my permission to Bright Star
Academy & Camp to provide emergency medical
care for my child and, if necessary, to bring my
child to any hospital or physician for emergency
medical treatment if I can not be reached
immediately- or for any emergency decided upon
by Bright Star Academy. I give my consent to
transport by ambulance if any situations warrant
it.

Guardian's Signature	Date
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