



East Richland Christian Schools

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EMERGENCY MEDICAL TRANSPORTATION AUTHORIZATION FORM

In the case of a medical emergency requiring transportation to the emergency room, I hereby grant permission for my child,

_____, to be
(Child's full name)

transported to the preferred medical facility indicated on my child's Emergency Medical Authorization form or any hospital reasonably accessible, by the Cumberland Trails Emergency Medical Transport services or other available medical transport service as necessary.

(Parent/Guardian's signature)

(Date)