



1000 W 14<sup>th</sup> Street  
Chanute, KS 66720

Phone (620) 431-7777

www.chanutechristianacademy.com

**AUTHORIZATION FOR EMERGENCY MEDICAL/MENTAL HEALTH CARE**

(Complete only in the presence of a Notary)

In order to meet all legal requirements, I hereby authorize Chanute Christian Academy or any other representative(s) of said Academy, to give consent for any and all necessary emergency medical and/or mental health care for my child \_\_\_\_\_ while said child is in said individual's custody for the \_\_\_\_\_ - \_\_\_\_\_ school year.

\_\_\_\_\_  
Signature of Parent or Guardian

**STATE OF KANSAS  
COUNTY OF NEOSHO**

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed above, the acknowledged to me that he/she executed the same for the purpose therein expressed. Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**(Seal)**

\_\_\_\_\_  
Notary Public in and for Neosho County, KS.

My commission expires \_\_\_\_\_.