

ARENDELL PARROTT ACADEMY

INCORPORATED
P. O. BOX 1297
KINSTON, NC 28503

MEDICAL AUTHORIZATION

2011/12

PLEASE NOTE...THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY

The undersigned, being the parent or guardian of _____
a student at Arendell Parrott Academy, which student expects to be engaged in
activities and contests, both at Arendell Parrott Academy and at other locations, does
hereby consent and agree that in the event of injury or illness of said student while away
from Arendell Parrott Academy as part of an Arendell Parrott Academy group, that any
teacher, coach, administrator, or headmaster of Arendell Parrott Academy
accompanying said group may on my behalf consent to and authorize medical treatment
for any such injury.

This the _____ day of _____, _____

Parent or Guardian

I do not wish to have a medical authorization form on file for my child.

Parent of Guardian

Witness my hand and seal this _____ day of _____, _____.

Notary Public

My commission expires _____