



Mount Pleasant Christian Academy  
2516 Squirrel Hill Road  
Herndon, VA 20171  
703-793-1196

## Emergency Care

I, \_\_\_\_\_ authorize MPBCCA to obtain medical care  
Parent/Guardian's Name

deemed necessary for \_\_\_\_\_ in case of any  
Child's Name

emergency requiring immediate attention. I understand that my child will be taken to the nearest hospital emergency room in the event that I cannot be located immediately.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

