

ZION OUTSCHOOL

Emergency Medical Release

Academic Year 2026–27

In the event of a medical emergency involving my child, **{{studentFullName}}** I, **{{parent1Name}}**, their parent or legal guardian, authorize ZION outSchool staff to seek and obtain emergency medical treatment as deemed necessary by medical professionals. I understand that every effort will be made to contact me and my Emergency contacts before treatment, but if I cannot be reached, this consent authorizes staff to act in my child's best interest.

{{medicalConsent}}

{{noEmergencyExplanation}}

Parent / Guardian Signature

{{medicalConsentSig}}

{{submissionDate}}