

**ARENDELL PARROTT ACADEMY**

INCORPORATED  
P. O. BOX 1297  
KINSTON, NC 28503

**MEDICAL AUTHORIZATION**

**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

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

\_\_\_\_\_  
Parent of Guardian

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Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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