



EMERGENCY AUTHORIZATION

Dear Parent(s)/Guardian(s):

In connection with my child's visit to the Pathway School, I/we understand that the School may take reasonable and necessary steps to insure the safety of my child along with Pathway staff and students. Should the need arise, I/we authorize The Pathway School to obtain the services of its behavioral support team, medical staff, any other Pathway personnel, and non-Pathway emergency personnel as may be deemed necessary by specific circumstances.

Parent(s)/Guardian(s) signature

Date

If you have any questions regarding this agreement or any other concerns, please contact me for additional discussion.

Sincerely,

Diana M. Phifer
Director of Admissions & Marketing