

Authorization for Medical Treatment

Christian Family Academy 2022-2023

Students Full Legal Name: _____ Grade: _____

Date of Birth: _____ Social Security # _____

Emergency Phone Numbers:

Father at Work: _____ Home: _____ Cell _____

Mother at Work: _____ Home: _____ Cell _____

If parents cannot be contacted, indicate responsible adults to contact in case of emergency. These persons also have permission to pick up your child from school, in the event you are unable to do so.

Emergency Contact 1: Name: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Emergency Contact 2: Name: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Name of Medical Insurance Co.: _____

Policy Number: _____ Expiration Date: _____

Name of Family Physician: _____ Phone: _____

Is the student on any medication? _____ Specify: _____

Does your child have any allergies? _____ If yes, please explain: _____

Is there any other medical information that you feel we should have about your child? _____

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached.

I give consent to transport by ambulance if the situation warrants.

Parent/Guardian's Signature _____ Date _____