

# Authorization for Medical Treatment

Christian Family Academy 2023-2024

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? \_\_\_\_\_

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*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 \_\_\_\_\_