

Incarnation Academy Emergency Medical Authorization Form 2015-2016

Student Information

Student's Full Name: _____ Date of Birth _____

Allergies: _____

Special Dietary Needs: _____

Physical/Health Conditions: _____

Medication: _____

Other Significant Information: _____

Parent 1 (Legal Guardian)

Name: _____

Address _____

E-mail Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Parent 2 (Legal Guardian)

Name: _____

Address _____

E-mail Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Medical Information

Physician Name: _____

Address: _____

Phone: _____

Dentist: _____

Address: _____

Phone: _____

Insurance Coverage

Insurance Carrier: _____

Policy or Group Number _____

Name of Policyholder: _____

Employer _____

If A Parent Cannot Be Reached Contact:

Name: _____ Relationship: _____

Home/Work Phone: _____ Cell Phone: _____

I understand that in some emergency situations the staff will need to contact Emergency Medical Services(911) before the parent, child's physician, or other adult acting on the child's behalf. In the event of a non-life-threatening medical emergency, my child should be transported to _____ hospital. If it is a life-threatening emergency, I understand that the child will be transported at the expense of me or my insurance carrier. If no hospital is designated, we will transport to Baylor Hospital in Dallas, TX.

I hereby grant permission to the staff of Incarnation Academy to take whatever emergency measures are judged necessary for the care and protection of my child while under the care and supervision of the staff at Incarnation Academy.

Parent/Guardian Signature _____ Date _____