



2019-2020 Emergency Treatment Form

Please Circle One: Lower Middle PreUpper Communication Arts Upper

Student Name _____ Pediatrician _____ # _____
 DOB _____ Home Phone _____ Family Physician _____ # _____
 Address _____ Any specialist physician who treats or supervises any specific medical
 City, State, Zip _____ problem (i.e. cardiologist, neurologist or developmental pediatrician
 Mother's/Guardian's Name _____ # _____
 Mother's Cellphone _____ Psychiatrist _____ # _____
 Father's/Guardian's Name _____ Therapist _____ # _____
 Father's Cellphone _____

In case of emergency when parent cannot be reached please contact:
 Name: _____ Phone #: _____ Relationship: _____

List **ALL ALLERGIES** your child has. List any special treatment or instructions.

Please list **ANY** medical problems **past or present** and any current treatments (asthma, seizures, heart, etc.). Please use back of form, if necessary.

Medications: List **ALL** medications student is currently taking with **hour taken, amount taken, and MD prescribing**. Please use back of form if necessary.

Medication	Dosage	Hour(s)	MD

WAIVER of CLAIMS: I have and do hereby assume all risks and will forever indemnify, hold harmless, and covenant not to sue Mill Springs Academy (MSA), its employees, trustees, and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's participation in any activity at MSA, if caused by ordinary negligence. I authorize Mill Springs Academy to act for me according to their best judgment in any emergency requiring medical attention. I also give permission for MSA or any medical personnel to treat my child in the event of an emergency. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my child. I hereby waive any claim I might have against MSA and its employees, trustees, and members. I further agree to indemnify, defend, and hold harmless MSA, its employees, trustees, and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may be brought by my child in connection with my child's participation in any activity at MSA, if caused by ordinary negligence.

(Parent or Guardian Signature) _____

I authorize Mill Springs Academy to administer Tylenol, Advil, Tums, and antihistamines as needed.

(Parent or Guardian Signature) _____