



EMERGENCY MEDICAL FORM

Please fill out all information accurately

(One per student – A copy is taken on ALL off campus events)

I, the undersigned do hereby authorize officials of Hernando Christian Academy to contact directly the emergency contact persons named in this form. In the event parents or other persons named in this form cannot be reached, I authorize school officials to transport and to obtain through a hospital of their choice, any emergency medical care that may be deemed necessary in their judgment for the health and well being of the aforesaid student in the course of school activities or such travel. I, also agree that the expense for such transportation and/or emergency care will not be borne by the Academy or its employees. I hereby authorize Hernando Christian Academy to put bandages on cuts, administer ice on a bruise or cut, put my child on a cot if sick, and take my child's temperature. My child has had all the necessary immunizations to comply with Florida Statutes 232.032. I accept all consequences for failure to meet these requirements.

Student's Medical Information:

Student's Name: _____ Date of birth: _____ Race: _____

Allergies: _____ Date of last DPT: _____

What symptoms arise from allergies? _____

Is emergency treatment required? Yes No

Briefly, what have been previous treatments? _____

Physical/Mental Handicaps: _____

Any medications student is taking routinely: _____

Please list any special restrictions concerning your child: _____

Name of Doctor: _____ Phone Number: _____

Health Insurance Company: _____ Policy #: _____

Parent Signature: _____ Printed name: _____

In the state of Florida, in Hernando County, on this _____ day of _____, 20____,

before me appeared _____ known to be the individual herein described and who executed the foregoing instrument and acknowledged that they did execute the same.

Identification: Known personally () or Other: _____

Notary Public Signature

Notary Seal:

Parental emergency numbers (Please complete in case of an emergency.)

Home phone#: _____ Work phone #: _____

Cell phone #: _____ Cell phone #: _____