

EMERGENCY/MEDICAL AUTHORIZATION FORM

Student's Full Legal Name _____

Emergency Contacts:

Parent's Name _____ Phone (Home) _____ (Cell) _____

Parent's Name _____ Phone (Home) _____ (Cell) _____

Medical History:

Does your child suffer from chronic or acute illnesses such as diabetes, epilepsy, asthma, or allergies, etc? Yes No If yes, please explain. _____

Specific instructions for treating above: _____

Does your child have any physical problems that require reasonable accommodations? Yes No

If yes, explain. _____

Does your child take daily medication? Yes No

If yes, what? _____

For what? _____ (Please use the back of this form to list additional information.)

Emergency Medical Service Permission:

Should an accident or illness occur during the school day or on a school-sponsored activity which in the opinion of Whitesburg Christian Academy personnel requires immediate treatment and the school is unable to locate either parent or guardian, I authorize and empower the proper authority of Whitesburg Christian Academy to act in our stead and obtain the required medical services for the above named child.

Family Physician's Name _____ Phone _____

Health Insurance Name _____

Insurance Policy No. _____ Group No. _____

Parent's Signature/Date _____