

HERITAGE ACADEMY
Consent to Medical Treatment & Emergency Contact Information

CONSENT TO MEDICAL TREATMENT

In case of a medical emergency requiring immediate attention,
I hereby authorize any necessary medical treatment to be given to

_____,
(print child's full name)

of whom I am the parent/guardian.

This authorization includes admission to the hospital in my absence if it is recommended by my child's physician, a consulting physician, or the emergency room/urgent care physician in their absence.

My signature testifies that I am the parent or guardian of the child named above. I will be responsible for the charges for medical treatment authorized by the use of this document. This authorization is effective for the duration that my child is enrolled at Heritage Academy.

PARENT/GUARDIAN SIGNATURE DATE

INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____

ID Number: _____ Certification Number: _____

Does company require pre-admission certificate/notification? YES NO *(please circle one)*

If yes, please provide phone number: _____

CHILD'S MEDICAL HISTORY

Child's Full Name: _____ Child's SS#: _____

Child's Birth Date: _____ Date of Last Tetanus Shot: _____

Known allergies or reactions: _____

Chronic Medical Conditions: _____

Child takes the following medications (list dosage and times taken): _____

Medical Limitation (the school should be aware of): _____

Child has been hospitalized (most recently) for: _____

When? _____ Where? _____

CHILD'S PHYSICIAN

Name: _____

Office Number: _____

PARENT CONTACT INFORMATION

Mother's Full Name: _____

Mothers' Place of Employment: _____

Mother's Cell Phone: _____

Mother's Work Phone: _____

Father's Full Name: _____

Father's Place of Employment: _____

Father's Cell Phone: _____

Father's Work Phone: _____

ALTERNATE CONTACTS *(to be contacted in an emergency if parents are unreachable)*

Name: _____

Name: _____

Relationship to Student: _____

Relationship to Student: _____

Phone Number #1: _____

Phone Number #1: _____

Phone Number #2: _____

Phone Number #2: _____

City & State: _____

City & State: _____

ADDITIONAL NOTES

