



## 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): \_\_\_\_\_

Continued on reverse side...

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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_