

Calvary International Academy Emergency Care & Consent Form for Medical Treatment

PLEASE FILL OUT FORM COMPLETELY WITH DARK BLUE OR BLACK INK

Student Name _____ Birth Date _____ Grade _____
 Address _____ City _____ Zip _____
 ▼ IF THERE ARE MULTIPLE ADDRESSES FOR YOUR STUDENT, PLEASE LIST ADDITIONAL INFORMATION ON REVERSE ▼
 Home Phone (_____) _____

Physician _____ Address _____

Physician Phone (_____) _____ Medical Record # _____

Choice of Hospital _____ Phone (_____) _____

Father (Guardian) Mother (Guardian)

Name _____ Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Address _____ Business Address _____

Business Phone (_____) _____ Business Phone (_____) _____

Cell Phone (_____) _____ Cell Phone (_____) _____

Email Address _____ Email Address _____

Other responsible people (friends or relatives) that could be called in an **EMERGENCY**:

1. Name _____ Relationship _____ Address _____

Phone (_____) _____ Phone (_____) _____

2. Name _____ Relationship _____ Address _____

Phone (_____) _____ Phone (_____) _____

CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I hereby give consent to Calvary International Academy to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child

_____. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Child has the following allergies and/or medical condition: _____

My child may be given a pain reliever/fever reducer during school hours. _____ Yes _____ No

The parent or guardian will be contacted when giving any medication.

If "Yes" check the following preferences: _____ Tylenol _____ Advil/Motrin

Type: _____ Children's Liquid _____ Adult Tablets

Dosage: _____ Teaspoons _____ Tablets/Caplets _____ Child's Weight

Other Comments: _____

Parent/Guardian/Agency Representative Signature

Date

▼ PLEASE LIST ON BACK ALL PERSONS HAVING PERMISSION TO PICK UP YOUR STUDENT FROM SCHOOL ▼

Multiple addresses for student:

Parent Name _____

Address _____

City _____ Zip Code _____

Home Phone _____

Parent Name _____

Address _____

City _____ Zip Code _____

Home Phone _____

All persons having permission to pick up your student from school:

1. Name _____ Relationship _____ Address _____

Phone (____) _____ Phone (____) _____

2. Name _____ Relationship _____ Address _____

Phone (____) _____ Phone (____) _____

3. Name _____ Relationship _____ Address _____

Phone (____) _____ Phone (____) _____

4. Name _____ Relationship _____ Address _____

Phone (____) _____ Phone (____) _____

5. Name _____ Relationship _____ Address _____

Phone (____) _____ Phone (____) _____

6. Name _____ Relationship _____ Address _____

Phone (____) _____ Phone (____) _____

Additional Information:
