

Emergency Medical Authorization/Liability Release

Student Name _____ Grade _____
Last First Middle

Home Phone: _____

Street Address: _____

Date of Birth: _____ Social Security No: _____

The above named child is presently attending The First Academy. He/She has the following physical or medical limitations, including allergies and prohibited medicine:

VERIFICATION OF HOSPITALIZATION INSURANCE FOR CHILD:

Company: _____ Policy/I.D. _____

I hereby authorize and consent for the officials of The First Academy to employ on my behalf a licensed physician and/or licensed Athletic Trainer for the emergency treatment of my child, in connection with any injury, accident or illness suffered or sustained while involved with a school activity on or off campus or while in transit. Said authorization and consent for emergency treatment includes hospitalization and surgery, and diagnostic treatment as recommended by said physician or Athletic Trainer

I understand that every reasonable effort will be made to notify me of said emergency.

I do hereby release The First Academy from all and any medical or hospital expense resulting from any type of accident or injury occurring to our child while involved in any school activity on or off campus or while in transit.

Parent/Guardian Signature: _____ Date: _____

Business Phones (Father): _____ (Mother): _____

Mobile Phone: _____ Other: _____

In the event that The First Academy is unable to reach you during an emergency, please provide the names and phone numbers of two adults whom we may contact on your child's behalf.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____