

Medical Consent for Treatment

Note: This document must be signed in the presence of a notary.

Student Name: _____

Parent Name: _____

Parent Phone Number: _____

Alternative Contact: _____

Alternative Phone Number: _____

Hospital Preference: _____

Doctor Name and Phone Number: _____

Ins. Company: _____ Policy No: _____

Known Allergies (Food/Meds/other): _____

Approved Over the Counter Medication: _____

Prescription Medication: _____

Please provide any and all OTC & Rx Medication your child can take.

In a life threatening situation where all efforts to contact me have failed, I hereby authorize an adult representative from Adventist Christian Academy to consent to emergency medical and/or hospital care as deemed necessary for my child. I understand that ACA insurance will cover medical expenses up to \$500. I am aware that my insurance will then be responsible for any remaining costs.

Parent/Guardian Signature

Print Name

The foregoing instrument was acknowledged before me this _____ day of _____

20____ by _____ (name of person), who is

personally known to me or who has produced _____
(type of identification) as identification.

{ Notary Seal }

Notary Signature

Notary (Print Name)