Midwest Academy®

EMERGENCY CONSENT FORM

Student's Full Name	Date of Birth

Parents/Guardians/Custodians With Whom Child Resides:

1. Name	Relationship to Child

Address	City, State	Zip

Home Phone	Email

Work Phone	Employer

Mobile Phone

****

2. Name	Relationship to Child

Address	City, State	Zip

Home Phone	Email

Work Phone	Employer

Mobile Phone

Custody Restraints/Person(s) Who May <u>NOT</u> Pick Up Child:

Name(s)	Relationship to Child

Emergency Contact Person(s) if Parents/Guardians/Custodians Cannot Be Reached:

1. Name	Relationship

Address	City, State	Zip

Home Phone	Work Phone

Mobile Phone

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2. Name	Relationship

Address	City, State	Zip

Home Phone	Work Phone

Mobile Phone

Family Medical Information:

Preferred Hospital or Medical Facility

Physician/Pediatrician	Phone

Address	City, State	Zip

Primary Health Insurance Carrier	Policy/Group #	ID

Secondary Health Insurance Carrier	Policy/Group #	ID

List Any Known Allergies. Include food, medicines, etc.

List Current Medications. Include dosage and time administered.

In the event that my child may require professional medical attention and I am unable to be reached, I hereby give consent to Midwest Academy to seek medical and/or surgical treatment for my child. When possible, my child will be transported to my preferred hospital or medical facility. I understand that I assume all financial responsibility for any treatment as secured or authorized under this consent. This consent includes First Aid and transportation to/from health care providers.

By signing below, I acknowledge that I understand the consent granted above and I have executed this document in the presence of another adult.

Parent/Guardian Signature	Date