



# Holden Beach Christian Academy

## Consent For Medical Care

### 2012/2013 Academic School Year

#### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Known drug allergy?  Yes  No If yes, please list: \_\_\_\_\_

List any medical conditions or needs your child has: \_\_\_\_\_

List ALL current medications, inhalers, epipens, etc: \_\_\_\_\_

#### EMERGENCY CONTACTS (please number boxes with contact preferences 1-8)

Father/Legal Guardian's Name \_\_\_\_\_  Work Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_

Mother/Legal Guardian's Name \_\_\_\_\_  Work Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_

Other Contact \_\_\_\_\_ Relation to student \_\_\_\_\_  Work Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_

Other Contact \_\_\_\_\_ Relation to student \_\_\_\_\_  Work Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office Phone \_\_\_\_\_ Dentist's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Medical/Health Insurance Name \_\_\_\_\_ Address \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Policy Phone: \_\_\_\_\_

#### AUTHORIZATION & RELEASE FOR MEDICAL CARE TO STUDENT

I, the undersigned parent or legal guardian(s) of \_\_\_\_\_ ("Student"), authorize designated representatives of Holden Beach Christian Academy (A ministry of Bible Baptist Church) to give first aid and treatment to Student in the case of emergency, injury or illness. If I cannot be reached to consent to offsite medical treatment, I authorize Student to be transported to and treated at an offsite medical facility at the discretion of the School. I understand that I am personally and solely responsible for payment of all costs of medical treatment. I agree to not sue the School or its directors, officers, employees, agents and volunteers for any reason whatsoever (even if they are negligent) for any harm or injury to Student resulting from said medical treatment. I personally assume all risks and liabilities related to Student's medical treatment and agree to indemnify the School, its directors, officers, employees, agents and volunteers from any claims or liabilities which might be assessed against any of them as a direct or indirect result of said medical treatment.

#### AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION (Grades K-5 require additional verbal authorization by parent/legal guardian)

I, the undersigned parent/legal guardian(s), give permission to the authorized representatives of Holden Beach Christian Academy to administer the following non-prescription medications to Student, as needed:

Acetaminophen (Tylenol)  Yes  No Ibuprofen (Advil)  Yes  No Antacids  Yes  No

Topical First Aid Ointment  Yes  No Cough Drops  Yes  No

Authorizing Father/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorizing Mother/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: HBCA STUDENTS CANNOT ATTEND SCHOOL WITHOUT THIS COMPLETED FORM ON FILE.**