

MEDICAL AUTHORIZATION AND PARENTAL CONSENT AND ACKNOWLEDEMENT FORM

2018-2019

PLEASE TYPE OR PRINT. USING INK ONLY!

NAME OF CHILD: _____ BIRTHDATE: _____

ADDRESS: _____ HOME PHONE: _____

_____ PARENT'S CELL PHONE: _____

NAME OF YOUR AUTHORIZED REPRESENTATIVE, WE CAN REACH IN AN EMERGENCY, IF WE CANNOT REACH YOU:

1. _____ PHONE: _____

2. _____ PHONE: _____

Please read the following medical authorization carefully before signing.

In the event that the above named child becomes ill or sustains injury while at school or any other school related trip or event at St. George's Episcopal School.

I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid.

I, also, consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any duly licensed physician, surgeon, and/or dentist, whether such diagnosis or treatment is rendered at the office of said physician, surgeon, or dentist or at a licensed hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for the aforementioned child to return home due to medical reasons, behavioral problems or otherwise, the undersigned agrees to assume all transportation costs.

The undersigned does also, hereby, give permission for the above named child to ride in any vehicle designated by the adult in whose care the minor has been entrusted, provided the child is in a safety belt and, if available, a shoulder strap while attending and participating in the activities sponsored by St. George's Episcopal School.

HOSPITAL INSURANCE ? YES NO

Physician _____

INSURANCE CO.: _____

Phone Number _____

POLICY NUMBER: _____ **(Attach copy of Insurance Card)**

I. PLEASE INDICATE THE DATE YOUR CHILD LAST RECEIVED HIS/HER TETANUS IMMUNIZATION

MONTH _____ YEAR _____

II. LIST ANY ALLERGIES :

FOOD _____

INSECT BITES/STINGS _____

PLANTS (poison ivy, oak ,sumac) _____

MEDICATIONS _____

ANESTHESIA _____

OTHER _____

III. LIST ANY PREVIOUS OPERATIONS OR SERIOUS ILLNESSES (Please describe):

IV. LIST ANY MEDICATIONS WHICH YOUR CHILD IS CURRENTLY TAKING:

| | NAME OF MEDICATION | DOSAGE | PRESCRIBING PHYSICIAN | DATE PRESCRIBED |
|----|--------------------|--------|-----------------------|-----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

V. CHILDHOOD DISEASES: (check the ones your child has had)

- Chickenpox Measles Mumps Whooping Cough
 Other _____

VI. CURRENT MEDICAL PROBLEMS:

- Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes
 Dizziness Stomach upset Hay Fever Other _____

VII. SPECIAL DIETARY REQUIREMENTS:



VIII. I, the undersigned, do hereby give my permission for _____
to participate in the programs and activities sponsored by St. George's Episcopal School. I, further, verify that the
above information is correct and I do hereby release and forever discharge all sponsors, and St. George's
Episcopal School from any and all claims, demands, actions, or cause of action, past, present, or future arising out
of any damage or injury while participating in the programs and activities of St. George's Episcopal School. I, also,
do hereby authorize the use of a photocopy of this instrument in lieu of the original.

Dated this _____ day of _____, 20____

Signature of parent or guardian _____

Relationship to above named minor _____



IX. I acknowledge that the SGES Student/Parent Handbook has been made available to me and have reviewed it with my
student (s). Signature of parent or guardian _____