The Epiphany School Emergency Medical Authorization Form 2023-2024

Student Information

Student's Full Name: _____ Date of Birth: _____

Allergies: _____

Special Dietary Needs: _____

Physical/Health Conditions: _____

Medication: _____

Other Important Information: _____

_____

Parent/Guardian Information

Name#1: _____

Address: _____

_____

Email: _____

Cell Phone: _____

Work Phone: _____

Name#2: _____

Address: _____

_____

Email: _____

Cell Phone: _____

Work Phone: _____

Medical & Insurance Information:

Physician Name: _____

Address: _____

Phone: _____

Dentist: _____

Address: _____

Phone: _____

Insurance Carrier: _____

_____

Policy or Group Number: _____

_____

Name of Policy Holder: _____

Employer: _____

If A Parent Cannot Be Reached Contact:

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Work Phone: _____

I understand that in some emergency situations the staff will need to contact Emergency Medical Services (911) before the parent/guardian, child's physician, or other adult acting on the child's behalf. In the event of a non-life threatening medical emergency, my child should be transported to _____ hospital. If it is a life threatening emergency, I understand that the child will be transported at the expense of me or my insurance carrier. If no hospital is designated, we will transport to Medical City Dallas Hospital in Dallas, TX.

I hereby grant permission to the staff of The Epiphany School to take whatever emergency measures are judged necessary for the care and protection of my child while under the care and supervision of the staff at The Epiphany School.

Parent/Guardian Signature: _____ Date: _____