



Emma L. Minnis Jr. Academy

RELEASE AND CONTINUING CONSENT FOR EMERGENCY MEDICAL TREATMENT

Student: _____ SS# _____
(Last) (First) (Middle)

Address: _____ City/State _____ Zip: _____

Home Telephone: _____ Age: _____ DOB: _____

Cell Phone: _____

Medical Information

Student Allergies to medicine or other:

Any special medical/physical problems (i.e. asthma, diabetes, recent surgery chronic illness, etc.)

Is he/she now taking any medication, if so please specify:

Send all necessary prescription medications to school and on trips, especially asthma and diabetes medications.

Family Doctor: _____
Family Doctor Telephone: _____
Preferred Hospital: _____
Preferred Hospital Phone#: _____
Parent/Guardian Name(s): _____
Father's Work #: _____
Father's Cell: _____
Mother's Work #: _____
Mother's Cell: _____

Health Insurance Company:

Policy#: _____
Name of Policy Holder: _____

Emergency Contacts (other than parents):

Name: _____
Phone Number: _____
Name: _____
Phone Number: _____

Emma L. Minnis Jr. Academy has my permission for any necessary EMERGENCY TREATMENT, including consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to the above stated minor under the general or specific instructions of the above stated physician or any physician the Emma L. Minnis Jr. Academy may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. Reasonable effort will be made to contact the parents/guardians of the injured student, and the doctor listed above before any other physician is called by Emma L. Minnis Jr. Academy. This consent is given in advance of any specific diagnosis or treatment which might be required and to authorize the Emma L. Minnis Jr. Academy and the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent is in continuous effect through the 2021-2022 school year. It is delivered to the physician/hospital caring for the child and to the Emma L. Minnis Jr. Academy entrusted with the custody of said minor.

I/we hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

We are responsible for any fees not covered by insurance.

Date: _____

Parent/Guardian Signature: _____
STATE OF KENTUCKY, JEFFERSON COUNTY

The following was acknowledged before me this _____ of _____, 20_____,

by _____,
(name of parent/guardian)

Notary Signature _____
Notary Stamp _____

_____ Personally known, OR _____ Produced Identification