

Citadel Christian School

Emergency Physician and Hospital Treatment Authorization

This form must be completed annually by parent or guardian. The School does not assume any financial responsibility but does want to provide the best emergency service. By signing this form, you are giving School Personnel the authority to call EMS or to obtain medical care if you or the emergency contacts cannot be reached.

Student's Name: Last		First		Middle	
Student's Date of Birth:					
Father			Home Phone		
Address			Work Phone		
			Cell Phone		
Mother			Home Phone		
Address			Work Phone		
			Cell Phone		
Guardian			Home Phone		
Address			Work Phone		
			Cell Phone		
Emergency Contacts- Must include City, State, Zip					
Name			Home Phone		
Address			Work Phone		
Relationship			Cell Phone		
Name			Home Phone		
Address			Work Phone		
Relationship			Cell Phone		
Doctor			Phone		
Dentist			Phone		
Does student wear removable dental aids?			Does student have allergies?		
Does student wear glasses or contacts?			If yes, name Drug		
Has student had surgery or injury?			Food		
If yes, what type?			Insect		
Date of surgery or injury.			Other		
Does student take medication on a regular basis?			Other		
If yes, explain.					
All prescription medicine should be accompanied by a note from the doctor giving the school instructions as to how to administer the medication.					
Neither TAPPS nor the School assumes any responsibility in case of accident. If in the judgment of any representative of the School immediate treatment is needed, I request and authorize treatment to be given by any physician, trainer, nurse or school representative. I do indemnify and hold harmless Citadel Christian School, any School representative or hospital representative from claim on account of such treatment of student.			Parent Signature		Date