

**Tulsa Adventist Academy**  
**EMERGENCY MEDICAL INFORMATION AND CONSENT FOR TREATMENT**  
**2016-2017**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

This form is for medical emergencies that may occur on the school campus and field trips, such as: Bible Labs, class field trips, off-campus lunches, special off-campus activities, class trips, etc.

Name of Family Physician

Telephone #

Insurance Company

Group or ID #

Name of Insured Party

Employer (if an employer plan)

**CONTINUING CONSENT TO TREATMENT**

The undersigned parent or guardian of the child listed above, a minor, does hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general or special instruction of your family physician or any physician the school may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the parents first and then the doctor listed above before any other physicians is called by the school. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but it is given to encourage TAA and said physician to exercise their best judgment as to the requirements of such diagnosis of treatment.

This consent shall remain in continuous effect until revoked in writing delivered to the physician named above and to the school entrusted with the custody of said minor.

\_\_\_\_\_ Yes, my child may be given general first aid and medications such as acetaminophen (headache/fever), antacid (stomach ache), hydrocortisone cream (itching) for symptoms presented.

If dosage is different than given on the bottle for height and weight, please indicate: \_\_\_\_\_

\_\_\_\_\_ No, please call prior to giving my child any medications.

ALLERGIES: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_

Parent and/or Guardian:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yy)

**EMERGENCY TELEPHONE NUMBERS:**

Home: \_\_\_\_\_

Work 1: \_\_\_\_\_

Work 2: \_\_\_\_\_

Cell: \_\_\_\_\_

Pager: \_\_\_\_\_

Who to contact in case of emergency  
(if parents cannot be reached):  
\_\_\_\_\_

Phone Number of above person:  
\_\_\_\_\_

**This form MUST be filled out completely**