

Georgia Mountains Christian Academy

Medical Treatment Form

For _____ **(Child's Name)**

In the event that my child is injured or becomes ill while under the supervision of the school, I/we approve the following steps to be taken:

1. Contact of parent/legal guardian to obtain directions on the care of the student.
2. In the event of an emergency, if neither parent nor legal guardian can be reached immediately, I/we authorize the school personnel to use their best judgment in contacting a properly licensed physician (preferably the physician listed below and on the student's application), or in transporting the student to the nearest hospital for consultation and/or treatment. Transportation can be done either by school-provided transportation or, if deemed necessary by school personnel, by ambulance.

If, in the opinion of a properly licensed practicing physician, the student needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I/we authorize the Principal or his designated representative to furnish on my behalf such written or oral authorization.

I/we release the Principal, or his designated representative, and Georgia Mountains Christian Academy from any liability which might arise from giving such authorization, it being my desire that my child be given such medical or surgical services as soon as possible after the need arises.

Does the student require any special medication? Yes No
If yes, please list the medication(s) and special directions: _____

Does the student have any medical allergies? Yes No
If Yes, please list the allergies and special directions: _____

Student's Physician: _____ Phone: _____

Parent(s)/Legal Guardian(s) Signature

Date