

Medical Consent Form

(Theatre & Non Sports)

This form grants temporary authority to a Brice Christian Academy designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parent or legal guardians, and it may not be feasible or practical to contact them. This form should be in the possession of the designated adult.

Minor

Full Legal Name_____

Home Address_____

Date of Birth_____ Male / Female_____

Guardian Name_____

Phone #_____

Guardian Name_____

Phone #_____

Guardian email address_____

If unable to contact guardian(s), please call

_____ @_____

_____ @_____

Information for Medical Treatment

Family Physician_____

Physician Address_____

Physician Phone #_____

Hospital of Preference_____

Medical Insurance / Health Plan_____

Policy #_____

Allergies to Medications_____

***** Prescription medication MUST be in pharmacy labeled containers.**

Current Medications (include dosing and frequency)

Any other significant medical information or allergies

ALL conditions which student currently receives treatment

Any other significant medical information or allergies

Guardian Signature _____

Date _____

Received by _____

Date _____