

Medical Consent Form

(Theatre & Non Sports Activities)

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 must be turned into the Main Office. A copy will be given to the designated adult for emergency purposes only.

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 _____