PINECASTLE
CHRISTIAN ACADEMY

7101 Lake Ellenor Dr. · Orlando · FL · 32809 407.313.7222 · Fax 407.313.7226 · www.PineCastleEagles.org

Student Emergency Medical Form

Information on this form will accompany your child on all field trips and is used in case of emergencies. It is important to fill in all required fields or put N/A if not applicable. **Thank you for clearly printing all answers**. *Please note side two must be notarized.

Student's Full Name _____

Complete Address _____

Applying for Grade _____ Age _____ Date of Birth _____

Mother's Name _____ Best Phone # _____

E-mail Address _____

Father's Name _____ Best Phone # _____

E-mail Address _____

Physician _____ Office Phone # _____

Dentist _____ Office Phone # _____

Preferred Hospital (responding medical team will make final determination as to the appropriate facility)

_____

In the event you are unable to be reached, please give the information below for anyone we may contact on your behalf to pick up your child from school or treat him/her medically.

Name _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Name _____ Relationship _____

Cell # _____ Home # _____ Work # _____

Family insurance provider under which the student is covered _____

Policy Holder _____

Policy Number _____ Group Number _____

Indicate any allergies: Food _____ Medications _____

Medical conditions and/or history about your child (surgery, chronic conditions, etc.)

_____

_____

Routine Medications _____

Please provide more detail in an attached letter if your child has a chronic medical condition or a condition that might lead to potential emergency.

Pine Castle Christian Academy

Parent Permission Authorization Form (Must be notarized)

I. **School Health Service Consent**

I hereby give my consent for this child to participate in the School Health Services Program. This means my child will receive emergency care in school if needed and health appraisals at school, including screenings such as vision, hearing, and growth and development. In case of an accident or illness, when treatment is not needed but when my child is unable to remain at school, I request the school to contact me. If I am unable to be reached, one of the persons listed on the reverse side of this document may be contacted to care for my child until I can be reached. In the event of serious accident or illness, I request the school to contact me at the phone numbers listed. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated and to follow his/her instructions. If it is impossible to contact the physician or dentist, the school may make whatever arrangements necessary to provide emergency care and treatment for my child. In the event of life-threatening accident or illness, I understand the school may contact the 911 emergency medical system immediately. I agree to be financially responsible for this child's care and treatment.

In the event of any emergency, we will access the 911 emergency system.

II. **Permission to Transport Statement**

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite the care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport this child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for this child's treatment and transport. I will notify the school of any changes in this information in writing.

III. Permission to Treat Statement

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I give my permission for the appropriate medical staff to initiate treatment immediately upon arrival to the appropriate facility. I agree to be financially responsible for this child's treatment. I also request that I be notified of my child's condition and admission as soon as possible. If I am unable to be reached, I request that the admitting facility notify one of the persons listed on the reverse side of my child's condition and admission.

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Student's Full Name _____ Grade Entering _____

Parent/Guardian's Signature _____

Parent/Guardian's Name (print) _____ Date _____

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Document Must Be Notarized

Sworn to and subscribed before me this _____ day of _____, Year _____

Notary Public/State of Florida _____