



Emma L. Minnis Jr. Academy

**RELEASE AND CONTINUING CONSENT
FOR EMERGENCY MEDICAL TREATMENT**

Student: _____ **SS#** _____
(Last) (First) (Middle)

Address: _____ **City/State** _____ **Zip:** _____

Home Telephone: _____ **Age:** _____ **DOB:** _____

Cell Phone: _____

<p style="text-align: center;">Medical Information</p> <p>Student Allergies to medicine or other:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Any special medical/physical problems (i.e. asthma, diabetes, recent surgery chronic illness, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Is he/she now taking any medication, if so please specify:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Send all necessary prescription medications to school and on trips, especially asthma and diabetes medications.</p> <p>Family Doctor: _____</p> <p>Family Doctor Telephone: _____</p> <p>Preferred Hospital: _____</p> <p>Preferred Hospital Phone#: _____</p> <p>Parent/Guardian Name(s): _____</p> <p>Father's Work #: _____</p> <p>Father's Cell: _____</p> <p>Mother's Work #: _____</p> <p>Mother's Cell: _____</p> <p>Health Insurance Company:</p> <p>Policy#: _____</p> <p>Name of Policy Holder: _____</p> <p>Emergency Contacts (other than parents):</p> <p>Name: _____</p> <p>Phone Number: _____</p> <p>Name: _____</p> <p>Phone Number: _____</p>	<p>Emma L. Minnis Jr. Academy has my permission for any necessary EMERGENCY TREATMENT, including consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to the above stated minor under the general or specific instructions of the above stated physician or any physician the Emma L. Minnis Jr. Academy may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. Reasonable effort will be made to contact the parents/guardians of the injured student, and the doctor listed above before any other physician is called by Emma L. Minnis Jr. Academy. This consent is given in advance of any specific diagnosis or treatment which might be required and to authorize the Emma L. Minnis Jr. Academy and the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.</p> <p>This consent is in continuous effect through the 2022-2023 school year. It is delivered to the physician/hospital caring for the child and to the Emma L. Minnis Jr. Academy entrusted with the custody of said minor.</p> <p>I/we hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the General Conference Insurance Service, or its representative, any and all information with respect to any illness, medical history, consultation prescriptions or treatment, and copies of all hospital or medical records. A photo copy of this authorization shall be considered as effective and valid as the original.</p> <p>We are responsible for any fees not covered by insurance.</p> <p>Date: _____</p> <p>Parent/Guardian Signature: _____</p> <p>STATE OF KENTUCKY, JEFFERSON COUNTY</p> <p>The following was acknowledged before me this _____ of _____, 20_____,</p> <p>by _____,</p> <p style="text-align: center;">(name of parent/guardian)</p> <p>Notary Signature _____</p> <p>Notary Stamp _____</p> <p>_____ Personally known, OR _____ Produced Identification</p>
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