Hampstead Academy

Emergency Medical Authorization

Parent Form

Student: _____ Date of Birth: _____ Grade: _____

Address: _____Phone: _____

Parent/Guardian: _____

Email Contact(s): _____

Emergency Contact Information

In the unlikely event that we are unable to reach a parent/guardian, please give the name(s) of persons to be contacted in emergency situations.

First Name: _____ Last Name: _____ Phone:_____

First Name: _____ Last Name: _____ Phone:_____

Emergency Medical Information

Health Insurance: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Conditions/Allergies: _____

Current Medications: _____

Date of last physical exam: _____ Date of last tetanus booster: _____

Please read, complete, and sign the following: I understand that in the event of a medical emergency, all reasonable efforts will be made by the School personnel to contact the student parent or guardian. When such communication shall fail, or when delay would endanger the life of the student, I authorize appropriate personnel of HA to administer and/or secure emergency treatment for the student, including hospitalizations. I also grant permission for medical information relevant to the student' health and safety to be released to relative persons on a need to-know basis.

Parent Signature: _____Date:_____

8/2017