

Registered by
The New York
State Education Department



Established in 1981

Accredited by
New York State
Board of Regents

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MEDICAL RELEASE FORM AUTHORIZATION TO ADMINISTER MEDICAL TREATMENT

I, _____, the parent, or guardian, or sponsor of _____,
(Print Name of Parent, Guardian or Sponsor's Name) (Print Name of Student)
a minor child who is a student of the Whitestone Academy, living with parent/guardian/sponsor, do hereby give:

My consent, that in the event all reasonable attempts by authorized school personnel to contact me have been unsuccessful, for the Principal of the Whitestone Academy, or his designated representative, to consent on my behalf to any x-ray examination, anesthetic, medical treatment, and hospital care of my minor child, as fully and effectively as if I were personally present.

I authorize the above-mentioned officials of the Whitestone Academy to serve in "loco parentis" for the transfer of an authorization of administration of any treatment deemed necessary for the treatment of my minor child.

I authorize the school officials to administer medications or treatments to my minor child.

This authorization is granted pursuant to New York State Medical Law.

Name of Student (Please Print): _____ Student date of birth: ___/___/_____
Name of Guardian (Please Print): _____
Signature of Guardian: _____

ALLERGIES:

MEDICAL CONDITIONS:

PERSON TO NOTIFY IN AN EMERGENCY SITUATION: (parent/guardian/other)

1st Contact _____ Relationship _____
First Mi Last
Home Phone _____ Work Phone _____ Cell Phone _____

2nd Contact _____ Relationship _____
First Mi Last
Home Phone _____ Work Phone _____ Cell Phone _____