

Classical Academy of Practical Education

Emergency Medical Authorization

Website: www.classical-academy.org

Phone: (763) 631-1502

Name of Applicant: _____ Date of Birth: _____
(First) (Middle) (Last)

Home Address: _____
(Address) (City) (State) (Zip Code)

Home Telephone: _____ Grade: _____ Gender: Male Female

Person(s) who may be notified and to whom your child may be released if the school cannot reach you:

1) _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

To Grant Consent:

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the Physician listed below, or in the event that the designated preferred practitioner is not available, another licensed physician or dentist may administer treatment; (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless a concurring medical opinion of two other licensed physicians or dentists deems it a necessity for such surgery, provided the opinion is obtained prior to the performance of such surgery.

Physician Name: _____ Phone: _____

To Refuse Consent:

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take NO action, but instead to:

Under what circumstances should we call you?

The following medications may be given: (Please check the boxes Yes or No)

First Aid Cream: Yes No

Benadryl: Yes No

Sudafed: Yes No

Cough Drops: Yes No

Cough Syrup: Yes No

Antacid: Yes No

Pepto-Bismol: Yes No

Ibuprofen: Yes No

Tylenol: Yes No

Any known medical conditions (such as allergies or diabetes):

Any other pertinent medical information:

Parent's or Guardian's Signature: _____ **Date:** _____

Please return this emergency medical authorization form to Classical Academy in person, by mail, or through email.

Mail to: 31340 125th Street, Princeton, MN 55371

Email to: admin@classical-academy.org