



work  
hard



play  
hard



get  
results

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## In Case of Emergency

**Medical Treatment Authorization:** I hereby authorize Columbia Academy staff, who are 18 years of age or older, to consent to use of an ambulance, or any medical/surgical treatment of the above-named child/children which such person deems advisable (when parent/legal guardian cannot be located) if the child is injured or ill. I understand that this is at my expense.

The above authorization will be effective as of \_\_\_\_\_ and will expire in one year. (Please be sure to submit a new form if any information changes during this period. Forms can be obtained from the Columbia Academy office or downloaded from the "Parent Resources" page of our website: [www.GoColumbiaAcademy.com](http://www.GoColumbiaAcademy.com))

Parent/Legal Guardian signature: \_\_\_\_\_

### **Emergency Information:**

During this period a parent/legal guardian of the above-named child/children will be at the following location/s:

Home address: \_\_\_\_\_

Parent/legal guardian phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Chronic Illness/Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Are childhood immunizations current? \_\_\_\_\_

### **Please notify the following persons if parent/legal guardian cannot be reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_