



Student Name/s _____

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)

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: _____