



THE MASTER'S ACADEMY

MEDICAL AUTHORIZATION
PARENTAL CONSENT FORM
20__ - 20__

MEDICAL AUTHORIZATION

Student Information:

Name _____ Grade _____ Date of Birth ____/____/____

Street Address _____ Home Phone _____

City _____ State _____ Zip _____

Mother's Name _____

Father's Name _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

List two local contacts if parents cannot be reached:

Name _____

Name _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

Please provide the following medical information:

Allergies _____ Epi Pen has been prescribed? Yes No

Medications being taken _____

Medications required at school _____

Health History _____


(List any chronic/severe illness, injuries, surgeries, etc.)

Medical Insurance Company _____ Policy # _____

Name of Doctor to be called _____ Phone # _____

Name of Dentist to be called _____ Phone # _____

Name of Hospital to be taken to _____ Phone # _____

Please complete the back! 

PARENTAL CONSENT

I, _____, do hereby give permission for my child _____ to attend and participate in any activities sponsored by The Master's Academy (the "Activities").

My child may ride in any necessary and convenient transportation provided by The Master's Academy in connection with the Activities.

I authorize an adult representative of The Master's Academy to consent to any and all medical and hospital care and treatment as deemed necessary for the health and well-being of my child by a duly-licensed physician selected by said adult representative. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I agree to assume all transportation costs.

I agree to assume the risk of, and release The Master's Academy of Central Florida, Inc., its staff and representatives from any and all injury and liability arising out of or relating to the Activities conducted or sponsored by The Master's Academy.

I state that the information on this form is correct.

Parent Signature

Date