MEDICAL/SURGICAL/DENTAL AUTHORIZATION & CONTACT FORM

First Name_____**LastName**_____**Age**_____

Street Address_____

City_____**State**_____**Zip**_____

Social Security #_____**Date of Birth**_____**Grade**_____

PLEASE PRINT

Is your child allergic to any medication and/or food_____**Which?**_____
Does your child wear contact lens?_____**Prescription glasses?**_____
Does your child suffer from: Hay Fever_____**Allergies**_____**Asthma**_____
Does your child take any medication?_____**Which?**_____

Any other health history that may assist the person in charge should this student become ill? (Please use the back if you need more space)

FIRST CONTACT IN CASE OF EMERGENCY:
Parent/s or Guardian/s Name/s: _____

Address_____**City**_____**State**_____

Zip_____**Email**_____
Please list &indentify (cell,home,work) your phone numbers in the order in which we are most likely to reach you immediately:

Phone 1_____**( ) Phone 2**_____**( )**

Phone 3_____**( ) Phone 4**_____**( )**

FAMILY PHYSICIAN: Name:_____**Phone:**_____
Address:_____

FAMILY DENTIST: Name:_____**Phone:**_____
Address:_____

OTHER EMERGENCY CONTACT(S)
Relationship:_____**Phone:**_____

Relationship:_____**Phone:**_____

Relationship:_____**Phone:**_____

WE DO ( ) WE DO NOT ( ) HAVE HEALTH OR ACCIDENT INSURANCE
Insurance Company Name_____

Group Number_____**Policy Number of Group**_____
WE HAVE ATTACHED A COPY OF OUR INSURANCE CARD TO THIS FORM: ( )YES ( )NO

This form has been filed out to the best of my knowledge. I hereby authorize medical/surgical or dental treatment of _____
In the event of any emergency, illness or accident. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. I understand that it is my responsibility to secure adequate insurance for such first aid and medical care. I authorize permission for Mt. Zion staff to transport my child in the event of an emergency to obtain medical help.

_____ _____ _____
Signature of Parent or Guardian **Signature of Parent or Guardian** **Date**