



Promise Land Academy
 3990 Loretto Road
 Jacksonville, FL 32223
 PHONE: (904) 268-2422
 FAX: (904) 268-5321

Authorization for Emergency Care

School Year

20__ - 20__

Student's Name: _____ Grade in the fall: _____

Date of Birth: ____ / ____ / ____ Age: _____ Gender: _____
Month Day Year

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

TO THE PARENT/GUARDIAN: To serve your child in case of an ACCIDENT OR SUDDEN ILLNESS, it is necessary you furnish the following information for emergency calls.

check here if Guardian

Father's Name: _____ Business Number: _____

Business Name: _____ Business Address: _____

During School: Phone #: _____ Cell: _____ Evening: _____

Mother's Name: _____ Business Number: _____

Business Name: _____ Business Address: _____

During School: Phone #: _____ Cell: _____ Evening: _____

List two neighbors or nearby relatives who will come to the school to transport your child home and/or assume temporary care of your child if the school is unable to contact the parent/guardian.

	<u>Name</u>	<u>Primary Number</u>	<u>Address</u>
Contact #1:	_____	_____	_____
Contact #2:	_____	_____	_____

Health Information: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, reactions to medications, eye, or ear problems, or any chronic conditions.

Medication: List any medication the student is taking: _____

Physician Information:

1st Choice: _____ Phone: _____

2nd Choice: _____ Phone: _____

Insurance Information:

Insurance Co Name: _____ Policy # _____

Primary Name of Insurer: _____ Relationship to student: _____

Preferred Hospital: _____ Date of last tetanus shot: _____

Authorization:

In case of an emergency, I understand every effort will be made to contact me. In the event I can not be reached, I hereby give permission to Hopewell Promise Land Academy authority to contact directly the persons named on this form and do authorize the named physicians to perform such treatment (WHICH MAY INCLUDE HOSPITALIZATION, ANESTHESIA, SURGERY, OR INJECTION OF MEDICATION) as may be deemed necessary in their judgment for the health of the aforesaid child.

I will assume **FULL** financial responsibility for the emergency care and/or transportation for my child and will not hold Hopewell Promise Land Academy financially responsible.

 Father's Signature / Date Mother's Signature/Date Legal Guardian/s Signature/Date