

**THIS FORM MUST BE
SUBMITTED BY
AUGUST 17, 2010**



THE MONTGOMERY ACADEMY 2010-2011 Medical Information and Permission Form

Name _____
Last First Middle Name Called
 Male Female
10-11 Grade Birthdate

Father _____
Name Day Phone Evening Phone Cell Phone
Mother _____
Name Day Phone Evening Phone Cell Phone

Who should be contacted first, if needed, during school hours?
Name Relationship Phone Number

Any known allergies/reactions (food, medication, insects, other)? _____

Treatment? _____

Significant medical history, current health problem or special needs the school should know? (for more space, please use back)

Asthma? Yes No Use Inhaler? Yes No Triggers? _____

Medication taken regularly at home? _____

All students should be covered by medical and accident insurance. The Montgomery Academy does not provide medical or accident coverage for students.

Student medical coverage is provided by: _____

Policyholder's Name _____ Policy # _____

Physician and dentist I grant permission to treat my child in the event that my spouse or I cannot be reached:

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

In the event of an emergency where neither I nor my spouse can be reached, please contact:

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Parent Authorization and Release

Initial _____ I give my consent for The Montgomery Academy's employees, nurses and coaches to use their best judgment in securing medical aid and/or ambulance service in the event of a medical/dental emergency.

I hereby release The Montgomery Academy, its directors, officers, employees and agents from any and all liability, of any nature and character, which may be alleged to arise out of or relating to the assistance described above.

Signature of parent or guardian _____ Date _____

Last Name

Grade

