

**TUCSON BAPTIST ACADEMY**

**Medical / Emergency and Parental Consent Form**

(Staff will take this form on all field trips and athletic events.)

STUDENT INFORMATION:Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

**PARENT INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle one:

Father/Mother/Stepparent /Guardian

Home Phone: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle one:

Father/Mother/Stepparent /Guardian

Home Phone: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Medical Information:**

Known medical conditions:

Medications:

Allergies:

Precautions to be taken:

Other medical information:

Please check any of the following non-prescription medications your child may be given at school as per directions on container:

\_\_\_ Ibuprofen \_\_\_ Acetaminophen \_\_\_ Non-medicated Throat Lozenges (cough drops)

\_\_\_ Antacid \_\_\_ Benadryl \_\_\_ Allergy

**More information on back**

**Emergency Contact Information:** (other than parent or guardians)

First Contact Name: Relationship:

Contact # ( \_\_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

Second Contact Name: Relationship:

Contact # ( \_\_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

**Health Insurance Information**

Company Name: Policy #:

Primary Physician: Hospital Preference:

Birth Date of Father: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ Birth Date of Mother: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

(This information is needed to give to a clinic or hospital should your child not have his/her insurance card and the provider asks for disclosure of parent birth dates to verify insurance coverage.)

**Parent or Legal Guardian Consent**

I/we give our permission for to participate in all school activities, P.E. and/or organized athletics, realizing that such activity involves the potential for injury. I/we acknowledge that even with the best teaching and coaching, use of the most advanced protective equipment, and strict observance of rules, that injuries are still a possibility. On rare occasions the injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understand this warning.

I/we authorize the school to administer first-aid treatment and the non-prescription medication(s) as I/we have indicated above.

If emergency service involving medical action and/or treatment is required and neither parent nor guardian can be contacted, I hereby consent for the student named above to receive medical care by a doctor/medical professional selected by the school and/or athletic staff. This may also include ambulance service.

Father or Guardian Signature: Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Mother or Guardian Signature: Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_