UPPER COLUMBIA ACADEMY ELEMENTARY SCHOOL

Consent for Treatment and Authorization to Release Information

I, the undersigned parent/guardian of _____, a minor, do hereby consent to any x-ray
Name of Student
examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital service that may be tendered to said minor under the general or specific instructions of a physician.

It is understood that reasonable effort will be made by the attending physician to contact me so that the treatment necessary for the best interest of the above named student may be given.

It is further understood that this consent is given in advance of any specific diagnosis or treatment, which might be required and is given to authorize *Upper Columbia Academy Elementary School* or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above and to *Upper Columbia Academy Elementary School.*

We hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the insurance service, or its representative, any and all information with respect to illness, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A copy of this original shall be considered as effective and valid as the original.

Allergies: _____

Current medical concerns _____

Medication taken currently _____

Parent/Guardian's Signature _____ Date _____

Mother's home phone _____ Cell phone _____

Father's home phone _____ Cell phone _____

EMERGENCY INFORMATION

Student Name: Last , Middle, First	**Date of birth**	**~~Social Security Number~~**
Guarantor Name: Last, Middle, First	**Relationship to student**	**~~Guarantor Social Security Number~~**
Guarantor Employer:	**Employer Address:**	**Employer Phone:**
Medical Insurance: Group Number:	**Name of Subscriber:**	**Relationship to Student:**
Medical Insurance (Secondary): Group Number:	**Name of Subscriber:**	**Relationship to Student:**
Additional emergency contact:	**Home Phone:**	**Cell Phone:**
Additional emergency contact:	**Home Phone:**	**Cell Phone:**