

Miami Union Academy

CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION

I, the undersigned parent or guardian of _____, a minor, do hereby consent and authorize **Miami Union Academy** and its representatives to secure any X-ray examination, medical or surgical diagnosis or treatment, and hospital service that may be required by said minor in the event of an accident or injury. The school may call any physician and such diagnosis or treatment may be rendered at the office of said physician, at a licensed hospital, or any other place. I, the undersigned, agree to pay the cost of such care and to hold **Miami Union Academy** harmless for all expense of such services or for any other liability in procuring such service. The undersigned specifically requests that if possible, the following physician be called for the purpose of rendering such treatment:

Physician's Name: _____

Telephone Number: _____

It is further understood that this consent is given in advance of any specific diagnosis, treatment or need which might be required and given to authorize Miami Union Academy of the physician to exercise their best judgment.

The above student is or is not covered by health insurance in addition to school coverage.

Present health insurance company: _____

Dated: _____

Coverage provided by: _____

Relationship: _____

1. In the event that your child becomes ill or injured, it may be necessary to notify you by phone. Please list a phone number by which you can be reached during the regular school hours: _____.
2. If it is necessary to take your child to a hospital or physician's office, does the physician have your permission to use:
 - a. Oral or injectable antibiotics? Yes No
 - b. Tetanus medication? Yes No
3. Please list any pertinent medical conditions that your child may have (diabetes, allergies, asthma, etc.) _____
4. Please list all medications your child is now taking on a daily basis: _____
5. Please list all medications to which your child may be allergic: _____
6. Please list any medication necessary for the school to administer to your child. A written doctor's order must accompany the medication indicating when and how often the medication is to be given, as well as the method by which it is to be given. _____

Additional space for answers to questions #3-6. (Please be sure to indicate the number for each answer)

We understand the requirement and regulations of the school, and pledge our full cooperation.

Student

Parent/Guardian

Date