

Mount Sophia Academy Emergency Medical Card 2022-2023

Name: _____ DOB: _____ Gender: M ___ F ___

Parent's Names: _____ Home phone: _____

Father's work/cell: _____ Mother's work/cell: _____

Insurance Co.: _____ Policy #: _____

Policyholder's Name: _____ Group #: _____

Secondary Emergency Contact and Phone: _____

Please list: (continue on back if necessary)

Medical Conditions: _____

Allergies: _____ Medications: _____

I hereby give permission for (student) _____ to attend classes at Mt. Sophia Academy and participate in all class activities. I assume all responsibility for him/her while in attendance. By doing so, I release Mt. Sophia Academy and Newark Church of Christ from any liability for injuries incurred by my child. I understand that, in the event that medical treatment is required, every effort will be made to contact me. However, if I can not be reached, I give permission to my child's teacher or school staff member to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Signed: _____ Date: _____

I hereby do ____ (please initial)

do not ____ (please initial)

give Mt. Sophia permission to dispense over-the-counter pain medications to my son/daughter

_____ (student's name)

The following medications & doses are included in this permission:

Ibuprofen ____ (please initial) dose: _____

Acetaminophen ____ (please initial) dose: _____

Benadryl ____ (please initial) dose: _____