



Medical Consent to Treat for 20__ - 20__

Student Personal & Medical Information

Name: _____ Age: _____ Birth Date: ____/____/20__

Grade: _____ Gender: Male Female

Address: _____ CITY STATE ZIP CODE

Allergies: No allergies _____

Prescription & Daily Non-Prescription Medication Use: No Yes; List: _____

Significant Medical/Surgical History: None List: _____

Hearing Problems Glasses/Contacts Speech issues

Mental Health History: None Depression Counseling Self Harm Suicide Attempt(s): _____

Eating Disorder: _____

Parental/Guardian Information

1. Father/Guardian Name: _____ Birth Date: _____

Preferred Phone Numbers: _____

2. Mother/Guardian Name: _____ Birth Date: _____

Preferred Phone Numbers: _____

Other Emergency Contact Name & Number: _____

During the school year, I acknowledge and give permission for the Ozark Adventist Academy (OAA) staff to have full knowledge of my child's medical information in order to provide care or seek medical/mental healthcare, as deemed appropriate, for my child. In lieu of parent/legal guardian presence, I consent to the release of such information or findings of such care to Ozark Adventist Academy. If emergency treatment is required, I hereby consent to the provision of emergency care for my child, as necessary, according to the medical opinion of the medical provider rendering the service. In addition, Ozark Adventist Academy's school nurse/nurse practitioner is authorized to treat my child as necessary, which includes permission to delegate the administration of non-prescription/prescription medications, as demanded necessary, to Ozark Staff, who have been trained accordingly. This consent expires on the last day of the school year.

Notarized Parent/Guardian Signature/Date

State of _____ County of _____

On this _____ day of _____, 20____, before me, the undersigned notary, personally appeared

_____ known to me (or satisfactorily proven) to be the person whose name is subscribed above and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

[Seal of Office]

Signature of Notary

My Commission Expires: _____