

4. Parent's Authorization for the Academy Staff to Provide or Obtain Emergency Medical Treatment:

As the parent or guardian of the above-named student, I authorize the Academy's nurses—as well as staff members acting under the nurses' guidance in compliance with school—approved procedures—to provide the student with first aid medical treatment or to obtain professional emergency medical assistance as needed. I authorize staff to share the student's medical information as appropriate in providing first aid or emergency medical care. I understand that costs for ambulance and emergency room services are my (the parent's) responsibility and are not covered by the Academy or by its insurance.

Signature of Parent/Legal Guardian _____ **Date:** _____

5. Parent Does Not Authorize Staff to Give the Student Non-Prescription (over-the-counter) Medicines:

Please initial here to indicate that the student **should not** be given acetaminophen (Tylenol) or ibuprofen (Advil) without specific permission from the parent. _____ By checking here, you request the nurse or another staff member to contact you whenever the student requests or seems to need a minor pain reliever.

6. Medical Data

Pediatrician/Primary Care Provider: _____ **Phone:** _____

Specialist(s): _____ **Phone:** _____

Dentist: _____ **Phone:** _____

Orthodontist (if applicable): _____ **Phone:** _____

Case Worker (if applicable): _____ **Phone:** _____

7. Notification of Sickness Authorization

The school will notify the parent(s) when the child becomes ill and parent(s) will arrange to have the child picked up as soon as possible if requested by the school.

Parents will inform the school within 24 hours (or next business day) if the child or an immediate family member develops a reportable communicable disease.

Signature of Parent/Legal Guardian: _____ **Date:** _____