



## MEDICAL CONSENT FORM

<b>STUDENT'S NAME</b>		
✓	<b>We give our permission for CCA to administer: (Check all that apply)</b>	
	Minor First Aid	
	Ibuprofen	<input type="radio"/> Give according to directions on the bottle <input type="radio"/> Other instructions: _____
	Acetaminophen	<input type="radio"/> Give according to directions on the bottle <input type="radio"/> Other instructions: _____
Prescription medications must be in the original containers with the child's name on it.		

<b>Emergency Contacts</b>	In case of an injury or illness, we will attempt to notify emergency contacts as listed:	
<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE</b>
If an emergency contact cannot be reached, permission to take child to the nearest hospital is:		
<input type="radio"/> Granted <input type="radio"/> Not Granted		
If situation deems immediate action and/or emergency contact cannot be reached I authorize a representative of CCA to make decisions regarding emergency medical treatment:		
<input type="radio"/> Granted <input type="radio"/> Not Granted		
In an emergency, we will take students to Nacogdoches Medical Center.		

<b>Doctor's Name</b>	<b>Phone #</b>
<b>Allergies/Other Medical Information for Doctor's Use</b>	
<input type="radio"/> None <input type="radio"/> Yes, If yes, please list:	
<b>Please list any physical limitations that may prevent your child from participation in normal school activities (e.g. PE)</b>	
List:	
<b>Name of Insurance Carrier</b>	<b>Policy No.</b>
<b>Name of Insurance Carrier</b>	<b>Policy No.</b>

<b>Signature of Parent/Guardian</b>	<b>Date</b>