



PARENT'S AUTHORIZATION FOR TREATMENT
IN CASE OF ACCIDENT

Dear Parents:

All hospitals and doctors require parental permission before treatment can be administered to your child when needed. It is important that we have this written permission on hand so that your child can be treated immediately in the event that we cannot reach you. Please complete this form (required annually for all students) and return it to the school.

FAMILY INFORMATION

STUDENT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in Fall 2017: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

PARENT

PARENT

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

A. Authorization to Consent to Medical Treatment

In the event my child becomes ill or injured at school or in a school related event and I cannot be reached, Heritage Preparatory School of Georgia is authorized to take one or more of the following actions: a) release my child to either of the people listed below; b) take my child to the physician indicated; or c) take my child to a hospital and give consent for emergency care. Please provide local contact information in the event parents or guardians cannot be reached:

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Telephone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Office Telephone \_\_\_\_\_

Preferred Atlanta Hospital \_\_\_\_\_ Telephone \_\_\_\_\_

(over for notarization and insurance information)



**INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_ Telephone \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Insured \_\_\_\_\_ Insured's Employer \_\_\_\_\_  
*Heritage Preparatory School of Georgia is not financially responsible for emergency care or transportation.*

**B. Release and Authorization to Participate in Athletics, Physical Education and School Trips**

I give my consent for my child to participate in Heritage Preparatory School of Georgia approved sports, extra-curricular activities, and school trips, with transportation being provided by the student, the coach, paid carriers, other representatives of the school or any parent.

I understand that by participating in physical education and athletics at Heritage Preparatory School, my child will be exposed to the risk of serious injury, including but not limited to injuries such as sprains and fractures, and injuries that could result in brain damage, paralysis, or even death. I understand that contact sports such as football, basketball, and soccer have a higher risk factor than other sports.

I understand that Heritage Preparatory School of Georgia does not assume any responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities and to make such trips, I hereby waive all claims, and I release, indemnify, defend, and hold harmless Heritage Preparatory School of Georgia its Trustees, Head of School, faculty, coaches, agents, employees, and invitees together with all persons, including parents of students of Heritage Preparatory School of Georgia, assisting with any phase of such activities and trips (excluding paid certified carriers), from any and all liability claims, suits, demands or causes of action, including all expenses of litigation and or settlement which may arise in connection with such activities and trips, including any accident or injury suffered by my child while involved in such activities and trips.

**C. Authorization of Administration of Medication at School**

I give my consent for my child to be administered the following nonprescription medications) by the school nurse, athletic trainer, or Head of School's designee:

Acetaminophen (Tylenol) .....	Ibuprofen (Advil/Motrin or equivalent.....)	
Benadryl .....	Throat lozenges .....	
Hydrocortisone Cream.....	Pepto Bismol .....	
Antibiotic Ointment (Neosporin).....	Antacids (Tums).....	

Other medications which may be required by the student during school hours or activities must be supplied by the parents and brought to the school in the original container properly labeled with the name of the student and identification of the medication, dosage, and the time to be administered by the school administration.

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 Signature of Parent

Subscribed and sworn before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**NOTARIZATION REQUIRED**