

Skagit Adventist Academy

Consent to Medical Care and Treatment

2022-2023

In the event that I am not readily available, I consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician for

_____ Child's Name

When such treatment is deemed immediately necessary or advisable by a physician to safeguard my child's health, I waive my right to informed consent for treatment.

_____ Date

_____ Signature of parent/guardian

_____ Phone

_____ Parent/guardian printed name

Completely fill out this form. If something does not apply, please write N/A.

Child's Information	Birth Date:
Date of last Tetanus shot:	
Regular Medications:	
Allergies:	
Drug Reactions:	
Other Health Information:	
Physician's Name & Phone:	
Hospital Preference:	
Insurance Name and #	
<input type="checkbox"/> Do not have insurance coverage	

Parent Information

Mother's Work Phone _____ Father's Work Phone _____

Hours _____ Hours _____

Mother's Cell Phone _____ Father's Cell phone _____

OTHER EMERGENCY CONTACT _____

Phone _____ Name _____ Relationship _____

Please attach copy of both sides of health insurance card