



**Promise Land Academy**  
**3990 Loretto Road**  
**Jacksonville, FL 32223**  
**PHONE: (904) 268-2422**  
**FAX: (904) 268-5321**

# Authorization for Emergency Care

## School Year 2014 - 2015

Student's Name: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Month Day Year

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**TO THE PARENT/GUARDIAN:** To serve your child in case of an ACCIDENT OR SUDDEN ILLNESS, it is necessary you furnish the following information for emergency calls.

check here if Guardian

Father's Name: \_\_\_\_\_ Business Number: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

During School: Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_ Evening: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Business Number: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

During School: Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_ Evening: \_\_\_\_\_

List two neighbors or nearby relatives who will come to the school to transport your child home and/or assume temporary care of your child if the school is unable to contact the parent/guardian.

	<u>Name</u>	<u>Primary Number</u>	<u>Address</u>
Contact #1:	_____	_____	_____
Contact #2:	_____	_____	_____

**Health Information:** List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, reactions to medications, eye, or ear problems, or any chronic conditions.

**Medication:** List any medication the student is taking: \_\_\_\_\_

Physician Information:

1<sup>st</sup> Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information:**

Insurance Co Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Name of Insurer: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

### Authorization:

In case of an emergency, I understand every effort will be made to contact me. In the event I can not be reached, I hereby give permission to the First Baptist Church of Mandarin Promise Land Academy authority to contact directly the persons named on this form and do authorize the named physicians to perform such treatment (WHICH MAY INCLUDE HOSPITALIZATION, ANESTHESIA, SURGERY, OR INJECTION OF MEDICATION) as may be deemed necessary in their judgment for the health of the aforesaid child.

I will assume **FULL** financial responsibility for the emergency care and/or transportation for my child and will not hold First Baptist Church of Mandarin Promise Land Academy financially responsible.

\_\_\_\_\_  
 Father's Signature / Date                      Mother's Signature/Date                      Legal Guardian/s Signature/Date