

# TENNESSEE CHRISTIAN PREPARATORY SCHOOL

## Emergency Medical Authorization Form

Students Name \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ #2 \_\_\_\_\_

#3 Phone \_\_\_\_\_

If person named above is not available in the event of an emergency, notify:

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

Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization for my child (or for me, if an adult).

\_\_\_\_\_  
Signature of Parent/Guardian Date

### Please answer all questions below:

Do you have any allergies - foods, medicines, insects, plants, etc. Yes No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

List any medications that you are currently taking, and will be bringing to practice or on any trips: \_\_\_\_\_

\_\_\_\_\_ Please check if any of the below medications may be dispensed to you:

Tylenol \_\_\_\_ Yes \_\_\_\_ No Advil \_\_\_\_ Yes \_\_\_\_ No Benadryl \_\_\_\_ Yes \_\_\_\_ No

Antacid \_\_\_\_ Yes \_\_\_\_ No Midol \_\_\_\_ Yes \_\_\_\_ No

Imodium \_\_\_\_ Yes \_\_\_\_ No Aspirin \_\_\_\_ Yes \_\_\_\_ No

Explain any other medical circumstances we should be aware of and how they should be handled if a family member or guardian cannot be contacted: \_\_\_\_\_

---

---

---