

# ADMIRAL FARRAGUT ACADEMY

## Medical Consent

Infirmery Phone Number: 727-384-5506

Infirmery Fax Number: 727-344-1132

As the authorized parent or guardian of \_\_\_\_\_ Grade: \_\_\_\_\_

- I understand that in case of sickness or accident, Admiral Farragut Academy will make every effort to notify me promptly. In the event I cannot be located, I am giving authorization for medical treatment of my child.
- I authorize the Admiral Farragut Academy to act in cases of emergency or other medical conditions requiring treatment and to arrange for any examinations, consultations, anesthesia, or treatment or surgery that may in their judgment become necessary.
- I do hereby acknowledge receipt of the HIPAA notice of Privacy Practices, Policies, and Procedures.

***Please list below (if applicable) any chronic condition or drug allergies that might interfere with medical treatment:***

I do hereby acknowledge receipt of the HIPAA notice of Privacy Practices, Policies, and Procedures. This form must be signed in the presence of a notary public, and notarized below.

### ***Notary Public Seal***

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Print name of parent or guardian

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Father Email

\_\_\_\_\_  
Mother Email

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Primary emergency telephone

\_\_\_\_\_  
Name and Secondary emergency telephone