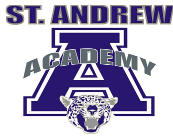

St.Andrew Academy
After School Care Program

7724 Columbine Drive Louisville, Kentucky 40258 (502) 935-4578 ext. 239

PARENTAL EMERGENCY MEDICAL CONSENT FORM
This form must be presented upon admission for treatment

____
Childøs Full Name   Date of Birth

In the event that my child (listed above) may require emergency medical care, I hereby give my consent for my child to receive medical treatment at ___________________(preferred hospital) or the closest hospital available if necessary.

My childøs primary physician is ______________________________ at ____

Address____ Phone #:___________________________________

I agree to pay all the costs and fees contingent on any emergency medical and/or treatment for my child as secured or authorized under this consent.

The St. Andrew Academy After School Care Program states that every effort will be made to notify parent/guardian immediately in case of an emergency.

Childøs Allergies: _____________________________________ ___________________________________

_____________________________________ ___________________________________

_____________________________________ ___________________________________

Other Medical Concerns:

_____________________________________ ___________________________________

_____________________________________ ___________________________________

Routine Medications:

_____________________________________ ___________________________________

_____________________________________ ___________________________________

Last Tetanus Shot: ____________________________________

Childøs Social Security Number
_ _ _-_ _-_ _ _ _

Medical Insurance Company:____

Group Number:_______________________________________ ID Number:__________________________________

This consent will be in affect beginning (date) ____________________ and continuing while the child is enrolled in the St. Andrew Academy After School Care Program.

____ ____________________________________
Parent/Guardian Signature   Date

____ ____________________________________
Parent/Guardian Signature   Date