

# The Prometheus Academy

## 2017-2018 Consent to Emergency Treatment



(Minor Student Form) Student \_\_\_\_\_

Print Student Name (Last, First, Middle) \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

The Prometheus Academy is an educational LLC in which the (Student) \_\_\_\_\_, a student, is enrolled and The Prometheus Academy has received written authorization to consent to emergency medical treatment from a person having the right to consent as follows:

I parent) \_\_\_\_\_, the \_\_\_\_\_ [relationship to student] grant The Prometheus Academy permission to authorize emergency medical treatment to the named student in the event that the Prometheus Academy is unable to contact me

**This authorization is effective until \_\_\_\_\_ (date).**

The undersigned is responsible for all medical costs associated with this authorization.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date \_\_\_\_\_

Parent's Mobile Phone Number \_\_\_\_\_

Parent's Home Telephone \_\_\_\_\_

Parent's Work Number \_\_\_\_\_

**Emergency Contact #1**

**Relationship**

**Telephone Number**

**Emergency Contact #2**

**Relationship**

**Telephone Number**

## Student Health Information

The Prometheus Academy strives to maintain a safe and healthy environment for your child. Please provide us with the necessary information so we can constantly be aware of any specific needs your child may have.

**Allergies:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is your child allergic to latex gloves (used in science classes)?    **Yes**    **No**

**Table 1 Current Medications and Dosages**

Medication	Dosage	When Given

Please list any health and learning disabilities you believe the Prometheus Academy teachers need to know about your student.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_