

# BLUEGRASS CHRISTIAN SCHOOL

## Emergency Authorization Form

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Social Security \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Street & Number

City

State

Zip

In case of emergency notify \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Please list any medications to which your child is allergic. \_\_\_\_\_

List any medications your dependent is currently taking. \_\_\_\_\_

Emergency Authorization: I hereby give permission to the medical personnel selected by Bluegrass Christian School to order x-rays, routine tests and necessary treatment for any child. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by Bluegrass Christian School to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child named above.

Signature of Parent/Guardian

Witness

Date

## Medical Insurance

Insurance issued in the name of: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Telephone Number of Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I verify that the above information is correct and give authorization of the medical personnel to release any medical information to the health coverage company as deemed necessary.

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