

Medical Authorization

In the event of any extreme medical situation, as deemed by the Owner and/or Director, paramedics or medical personnel will be notified **immediately** to escalate medical attention for the child. All efforts will be made to notify the parents or guardian.

List all allergies:

1. _____
2. _____
3. _____
4. _____

List all medical conditions:

1. _____
2. _____
3. _____
4. _____

Hospitalization Insurance:

Name of Insurance carrier: _____ Group No. _____

Hospital of preference: _____

1. Upon immediate need for medical attention for your child, the undersigned, gives consent to any x-ray examination, anesthetics, medical or surgical diagnosis or treatment, and hospital care to be rendered to _____ (child's name) upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act.

2. The school will not be held responsible for any medical expenses due to an emergency.

3. The undersigned further authorizes Nob Hill Academy to have _____ (child's Name) released into the custody of its representative, should hospital care no longer be required.

4. The undersigned further authorizes Nob Hill Academy staff and/or Director to perform CPR/First Aid on _____ (Child's Name) in the event of an emergency.

Medical Authorization for _____ (child's Name)

Signature of Parent/Guardian _____ Date: _____

THIS FORM IS TO BE USED ONLY IN THE EVENT OF AN EMERGENCY

State of Florida

County of Broward

Subscribed and sworn o before me on the _____ day of _____, 200 ____.

Notary Public

Notary Public:

My Commission expires on: