

AUTHORIZATION FOR EMERGENCY CARE TO MINOR
Hays Victory Christian Academy

(Complete One Form for Each Student Enrolled in School)

Student Last Name:	First	Grade/School Year:
Parent/Responsible Party Full Name (please print)		
Address:		
Home Phone:	Health Insurance Company	
Mother's Work/Cell Phone (please list both if applicable)	Policy Holder	
Father's Work/Cell Phone (please list both if applicable)	Policy Number:	
Doctor:	Phone:	
Dentist:	Phone:	
EMERGENCY CONTACTS:		
Name:	Phone:	
Name:	Phone:	

In case of emergency illness or accident, the child is given first aid and the parents are notified. If the parents or the child's doctor cannot be located, the child will be taken to the nearest Emergency Room. HVCA does not assume responsibility for the payment of hospital, doctor, or ambulance fees.

I/We the undersigned parent(s) or legal guardian of the minor listed below:

(Minor's Full Name) *(Birthdate)*

do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State and hospital service that may be rendered to said minor under the general, specific or special consent of an acting agent of the school, the temporary Custodian of the minor, whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the State.

I/We authorize the physician or dentist to call in any necessary consultants at his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

This consent shall remain effective for the duration of the student's enrollment at Hays Victory Christian Academy during the above referenced school year, unless sooner revoked by written notice to the HVCA school office. A new form is required at the beginning of each school year.

	YES	NO	
Does the child have any physical defects or handicaps?	___	___	If "Yes", please describe: _____
Has the child had any operations or severe injury?	___	___	If "Yes", please describe: _____
Does the child suffer from any allergies or illnesses?	___	___	If "Yes", please list: _____
Is the child on any long-term prescribed medication?	___	___	If "Yes", please list: _____

I will not hold Hays Victory Christian Academy financially responsible for the emergency care and/or transportation for my child.

Signature of Parent or Guardian

Date