



# PROSPECT LATIN SCHOOL

## Medical Authorization Form

Student's Name ( <i>Last, First, Middle</i> ):		Date of Birth:
Address:	Gender:	Social Security #:

Student's Physician:		Phone:
Insurance Carrier:		Policy Number:
Hospital Preference:	Address:	Telephone:
Does your child have any medical problems, (allergies, asthma, diabetes, heart problems, etc.), impairments, or under continuing treatment for any medical condition, behavior, or disorder?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please explain:		
Other health, medical, and behavior information that will better inform our teachers of your child's needs and characteristics (playing, eating, sleeping, habits, fears, dislikes, etc.)		

### PARENT/GUARDIAN AUTHORIZATION AND AGREEMENT

- I authorize the staff and administration of Prospect Latin School to give consent for any and all emergency medical care and first aid care for my child while my child is in the custody of said individual. I also authorize the School and its staff to contact/discuss with my child's physician my child's care.
- I hereby authorize Prospect Latin School to display any and all health and or medical information regarding any type of medical condition, including but not limited to food allergies, common medications, etc., for my child that the faculty, staff and/or administration need to visibly post in order to ensure the health of my child while at Prospect Latin School.
- I hereby release, indemnify, and hold Prospect Latin School, its employees and representatives, harmless from any claims, damages, or other liabilities for injuries to or damages by my child which are not a result of gross negligence.
- I agree to immediately notify Prospect Latin School any time my child is sick and when any member of my family has a communicable disease.
- I understand that the terms contained herein are subject to change in whole or in part by Prospect Latin School with two weeks' notice and that the School may periodically require this form to be updated.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Parent, Guardian, or Responsible Party

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Parent, Guardian, or Responsible Party

Prospect Latin School admits students of any race, color, national, and ethnic origins to all the rights, privileges, programs, and activities generally accorded or made available to students of the School. It does not discriminate on the basis of race, color, national, and ethnic origins in the administration of its educational policies, practices, admissions, enrichment programs, and all other School administered programs.



*"We learn not for school, but for life!"*