



## The Vanguard Academy Medical Release and Authorized Pick Up 2020-21

<b>Student Name</b>	<b>Date of Birth</b>
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<b>Parent 1</b>	
<b>Address</b>	<b>City</b>
<b>State</b>	<b>Zip</b>
<b>Employer</b>	<b>Phone</b>
<b>Email</b>	<b>Cell</b>

<b>Parent 1</b>		
<b>Address</b>	<b>City</b>	
<b>State</b>	<b>Zip</b>	
<b>Employer</b>	<b>Phone</b>	
<b>Email</b>	<b>Cell</b>	

### Authorized and Emergency Pick Up

Name	Phone
Name	Phone
Name	Phone
Name	Phone

### Medical Information

Hospital Preference:	
Pediatrician Name:	Phone
Insurance Company:	Policy Number:
Allergies/ Special Health Considerations	
Known Medical conditions, seizures etc	

Does your child possess an Epi Pin? \_\_\_\_\_ If so, please give this to the school office in its original box **Consent**

### Signature:

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician, and or paramedics for my child and waive the right to informed consent of treatment.

The waiver applies only if neither parent and/or guardian can be reached in the case of emergency, \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_