

The Grace Academy

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STUDENT HEALTH FORM H1 AUTHORIZATION TO TREAT A MINOR

Permission is granted for the below-named student to be given appropriate medical care in the case of an emergency or life-threatening situation when circumstances are such that it is impractical or unreasonable to obtain my consent (However, I understand that the school will contact me as soon thereafter as is reasonable). In such cases, I will assume responsibility for the cost of those related emergency medical services.

Signature of Parent/Guardian
(any copy is as valid as original)

Date

Student Name

Birth Date

Home Ph. #

Address

City, State Zip

Last Tetanus Booster:

Allergies to Drugs/Food:

**Any Special Medications:

Insurance Carrier:

Group No:

Family Physician:

Phone No:

Dentist:

Phone No:

Mother's Name:

Emergency No:

Cellular No: Pager No:

Work No:

Father's Name:

Emergency No:

Cellular No: Pager No:

Work No:

Emergency Contact: (Please list in order person to be contacted. Every attempt will be made to contact parents first)

1. Emergency Name: _____

Phone No: _____

2. Emergency Name: _____

Phone No: _____

3. Emergency Name: _____

Phone No: _____

For assistance with prescription medications, **Student Health Form H2 must also be completed.