

Furtah Preparatory School

"Inspiring Hope; Changing Lives"

5496 Highway 92 Acworth, GA 30102

Tel: 678-574-6488 E-Fax: 678-324-3911

Medical Information & Release Form

2009 - 2010

Name of Applicant _____

Last

First

Middle

Name Used

Home Address _____

Street

City

State

Zip

Custodial Parent: _____

Home Phone: _____

Father Work # _____

Mother Work # _____

Father Cell # _____

Mother Cell # _____

Personal Physician: _____

Name

Phone Number

Applicant's Medical Insurance Carrier: _____

Policy Holder Name: _____

Policy/Group # _____

Please list all ALLERGIES and/ or MEDICAL CONDITIONS as well as MEDICATIONS taken on a regular basis. Indicate purpose, dosage, times administered. (Please include medications taken at home and at school).

In case of emergency, please contact:

Name

Relationship

Home Phone

Work Phone

Cell Phone

Medical Treatment Authorization and Release Statement

I am the parent/guardian of a minor child who is presently a student at Furtah Preparatory School. In the event that I cannot be reached, I give permission for a school representative to transport my child to the nearest emergency facility and do authorize a representative of the school to obtain medical care and treatment for my child. I agree to be responsible for the payment of all costs related thereto. I further authorize any hospital, physician or other medical professional who cares for and treats my child to release all medical records, reports, and other medical information concerning the care and treatment of my child, to Furtah Preparatory School, including without limitation, all files, notes, diagnoses, and reports concerning any psychiatric/psychological testing and care, treatment for alcohol and drug use, and HIV/AIDS information and reports.

Attached is a copy of my insurance card. I understand that it is my responsibility to inform the school of any changes or developments in my child's medical condition or insurance coverage.

Medication Release

I give permission to Frederick J. Furtah Preparatory School to dispense medication to my child, named above, according to the terms and conditions of FPS Clinic Policies and Procedures. I understand that all medication required by my child will be furnished by me in the original container labeled with the student's name, name of medication, prescribing physician, and instructions for dispensing, and permission to dispense. I have also signed and returned the Over the Counter and Prescription Medication form which is available online.

Signature of Parent/Guardian _____

Date _____