



Mount Hope Christian Academy

6823 Harrison Road, Fredericksburg, VA 22407

540.785.4631; Fax: 540.548.2540 | Email: director@mhcademyva.org

EMERGENCY MEDICAL AUTHORIZATION

(One Form per Child)

Completion of this form is voluntary; however, the penalty for not completing it may result in a delay of processing or denial of admission. This information is gathered to promote the health and safety of all children enrolled.

Child's Name

Date of Birth

Parent/Guardian Name

Parent/Guardian Name

Phone Number

Phone Number

Work Number

Work Number

The parent/guardian authorizes Mount Hope Christian Academy to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

I/we will be responsible for payment of medical care expenses.

Parent/Guardian Signature

Date

[] My child is not insured

Medical Insurance Information:

Name of Insurance

Policy Holder

Policy Number

Name of Child's Primary Physician

Address

City

Zip Code

State

Phone Number

I also acknowledge as my responsibility and consent to make available to my child, when and if necessary:

- A complete physical examination, including urinalysis, hematocrit, and follow-up care
- A TB skin test
- Childhood shots, pertussis, tetanus (DPT), smallpox, polio vaccine, and measles vaccine
- Psychological evaluation and treatment
- Vision, hearing, and dental services

Please sign in the presence of a notary.

Parent/Guardian Signature

Date

Notarized Seal: