

Emergency Medical Treatment Form

Student Name: _____

I/We, _____ and _____, being the parent(s) or legal guardian(s) of _____ hereby authorize any faculty or administrator of Chesapeake Bay Academy to authorize the emergency medical treatment of the above named child at any hospital, clinic or other certified medical facility, or by any licensed physician, paramedic, or other licensed medical personnel. The decision to submit the above named minor child to such emergency medical treatment is at the discretion of the above cited employees of Chesapeake Bay Academy.

Furthermore, such discretion is to be exercised only when I/we cannot be reached at the telephone numbers written below unless, at the discretion of the faculty member or administrator, the situation is so serious as to warrant immediate medical attention.

I/We understand that this assignment is made for the safety and benefit of the above named child. I/We agree to hold harmless Chesapeake Bay Academy and its employees (1) for the negligence or wrongdoing of any hospital, clinic or other certified medical facility, or any licensed physician, paramedic or other licensed medical personnel who may render care or treatment to the above named child; (2) for the selection of any such medical practitioner or facility; or (3) for any emergency treatment rendered by the employees of Chesapeake Bay Academy.

Date Father/Guardian Signature Phone

Date Mother/Guardian Signature Phone

Please note any known drug allergies or allergies that may require immediate treatment with epinephrine and/or Benadryl, medications or other pertinent medical information.

Please list all prescription and over the counter medications your child takes regularly.

Please list any medical problems.
