

Medical Information Form

Student's Name	
Student's Birth Date	
Student's Current Grade in School	
Student's Blood Type	
Student's Complete Address	
Student's Social Security Number	
Names of the Parents/Guardians of the Student	
Mother's Home, Cell and Work Telephone Numbers (including each area code)	
Father's Home, Cell and Work Telephone Numbers (including each area code)	
Names and Telephone Numbers (including each area codes) for Emergency Contacts	
Student's Allergies (environmental, food, drug, etc.)	
Medical History (problems, injuries, surgeries, etc.)	
List all current prescription medications:	
Physician's Name	
Physician's Telephone Numbers Including Area Codes	

Parental Authorization for Medical Treatment In the event of an illness or an accident, I hereby authorized The Academy to act on my behalf for the student named above in the securing of medical, surgical and/or dental treatment. In the event of an emergency, I hereby give permission to the physician selected by The Academy to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for the student named above. I understand that in the event of an emergency every effort will be made by The Academy to contact the parent/guardian as soon as possible. I affirm that I am the parent/guardian and have the legal ability to sign these authorizations on behalf of the student named above. I do understand that I am responsible for all expenses that my insurance does not pay.

Signature of Parent or Guardian	Date
Do you have health insurance?	If yes, please attach a copy of your health insurance card.
Name of your health insurance company	Address of your health insurance company
Policy Number	

The Academy
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