



RETURN THIS FORM TO ACADEMIA LATINA

**ACADEMIA LATINA
Medical Consent to Treat Form**

IMPORTANT
Parent(s): Please complete and return this form to Academia Latina. Thank you.

Students name _____

Grade _____ Age _____ Male Female

I HEREBY GIVE CONSENT TO TREAT _____
FOR ROUTINE MEDICAL PROBLEMS AND MINOR INJURIES. THIS CONSENT FOR
TREATMENT IS IN EFFECT ONLY DURING THE TIMES THAT THE ABOVE NAMED PERSON IS
ATTENDING **ACADEMIA LATINA** AT THE SOUTHERN OREGON UNIVERSITY CAMPUS.
FURTHERMORE, IT IS UNDERSTOOD THAT IN CASES OF SERIOUS ILLNESS OR
EMERGENCIES, THE UNIVERSITY WILL ATTEMPT TO CONTACT THE PARENT(S) OR
GUARDIANS IMMEDIATELY AND MY CHILD WILL BE TRANSPORTED TO THE NEAREST
HOSPITAL.

Signature of Parent or Guardian

Next of Kin or Additional Contact

Date Signed _____

Address of Parent or Guardian

Address of Next of Kin/Contact

City State ZIP

City State ZIP

Home Phone Work Phone

Home Phone Work Phone

Hospital insurance carrier and policy number

*****See reverse side for special medical instruction form*****

Private coverage **not** required in order to attend Academia Latina.

SPECIAL MEDICAL INSTRUCTIONS

INSTRUCTIONS PROVIDED BY YOUR DOCTOR ARE NECESSARY ONLY IF YOUR CHILD IS TO TAKE MEDICATION.

TO BE COMPLETED BY PARENT:

IN THE ABSENCE OF TRAINED MEDICAL PERSONNEL, I HEREBY AUTHORIZE ANY PERSON OR PERSONS INDICATED BY THE DIRECTOR OR PROGRAM DIRECTOR TO ADMINISTER OR SUPERVISE SELF-ADMINISTRATION OF THE FOLLOWING MEDICATION AT ACADEMIA LATINA.

I AGREE TO SEND THE MEDICATION PROPERLY LABELED WITH THE STUDENT'S NAME, NAME OF MEDICATION, TIME TO BE GIVEN, AMOUNT OF DOSAGE AND THE DOCTOR'S NAME.

DOES THIS STUDENT HAVE ANY KNOWN ALLERGIES? YES NO

IF YES, WHAT TYPE? _____

<u>MEDICATION</u>	<u>DOSE</u>	<u>TIME</u>	<u>DIRECTIONS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed: _____
Parent or Guardian

Telephone number: _____

Date signed: _____

Name of Physician: _____