

## Emergency Contact & Medical Authorization Form School Year: 2022-23

Please fill out **BOTH PAGES**. This form is mandatory for new students. Returning students should fill this out only to indicate any updates/changes to last school year's information.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

If my child becomes ill and a parent/guardian cannot be reached, please call the following people:

	Name	Relationship to Student	Telephone	Pick Up
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>

Please check the "Pick Up" box if this person is permitted to pick up your student. Anyone not included here will require parental approval in order to sign a student out of school and will be denied if we cannot reach a parent/guardian to verify.

Please list any condition(s) your child has that might result in a medical emergency, along with any necessary instructions for the staff. This includes any food or medication allergies or health conditions:

Do you have any concerns regarding your child's vision or hearing? Yes  No

Will your child need to take any medication (prescription and/or over-the-counter) at school? Yes  No

If yes, a Medication Authorization Form (on reverse side) **MUST** be completed and signed by a parent/guardian and physician. All prescription medication requires the signature of a medical professional. For all over-the-counter medication, CVA must have completed and signed Medication Drop- Parent/Guardian Authorization Form. This consent must be provided before any medication can be administered at school.

### Medical Emergency Authorization:

In the case of a serious accident or illness when I cannot be reached, I hereby authorize the doctor or treatment center below to treat my child. If it is necessary, an ambulance can be called and the cost of the ambulance is my responsibility.

Doctor/Clinic Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Telephone: \_\_\_\_\_

*I certify that all information provided on this form is true and accurate and that I have not withheld information from Cyber Village Academy concerning the enrolled/registering student.*

Check this box to agree that your printed name below acts as your signature on the online PDF form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Contact & Medical Authorization Form School Year: 2022-23

This form must be filled out if student will be taking any prescription and/or over-the-counter medication while at school.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian is responsible for handing in any necessary medication (prescription and over-the-counter) in their original packaging to office staff directly. CVA will not accept medication brought in by student. Medications will be kept in a secure location and administered by staff as appropriate/necessary.

For all prescription medications to be administered during school hours, a specific authorization form needs to be filled out and signed by the student's physician. School personnel cannot administer prescription medications during school hours without the authorization form and instructions. Please request this form at the CVA front office.

Diagnosis/ Reason Given	Medication	Dosage	Time/Frequency	Possible Side Effects

Administration Procedure:

Other Comments/Information:

Parent/Guardian Release:

1. I request medication be given as directed in the medication form signed and authorized by the physician.
2. I release school personnel from liability in the event that any reaction results from the medication.
3. I will pick up any remaining/obsolete medications from the school office and provide current medications.

Check this box to agree that your printed name below acts as your signature on the online PDF form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_