



MEDICAL INFORMATION, ACKNOWLEDGEMENT AND CONSENT

Student's Name: _____ Grade for SY20/21: _____

Student's Date of Birth: _____ Student's Insurance Provider: _____

Provider Phone #: _____ Name of Insured: _____

Student's allergies: _____

Student's Medical Conditions: _____

Student's Medications: _____

GMC PREP MEDICAL RELEASE AND CONSENT FOR TREATMENT

- I grant consent, that in the event all reasonable attempts by authorized school personnel to contact me have been unsuccessful, for the Principal of Georgia Military College Prep School, or her designated representative, to consent on my behalf to any x-ray examination, anesthetic, medical treatment, and hospital care of my minor child, as fully and effectively as if I were personally present.
- I authorize the above-mentioned officials of Georgia Military College to serve in "loco parentis" for the transfer of an authorization of administration of any treatment deemed necessary for the treatment of my minor child.
- I authorize the School Nurses of Georgia Military College to administer medications or treatments to my minor child according to the School Physician's Standing Orders/Nurse Protocol.
- **I will be responsible for any medical or hospital fees or costs associated with the illness or treatment of this minor.**
- This authorization is granted pursuant to the provision of O.C.G.A. 31-9-2 (2) (4) of the Georgia Medical Consent Law.

My signature below acknowledges that I have read and understand the included medical release and consent for treatment, and concussion awareness information. My signature serves as a medical release that authorizes GMC Health Services to administer medical treatment. Furthermore, my signature acknowledges that I understand that the school will use both the Parent/Guardian and Emergency Contact information that I provided on the application. I understand it is my responsibility to notify the school of any changes in the emergency contact info.

Printed Name of Parent/Guardian Providing Acknowledgement and Consent

Relationship to Student

Signature of Parent/Guardian Providing Acknowledgement and Consent

Date

EMERGENCY CONTACT INFORMATION

Parent/Guardian: _____ Relationship: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Alternate Contact: _____ Relationship: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____